

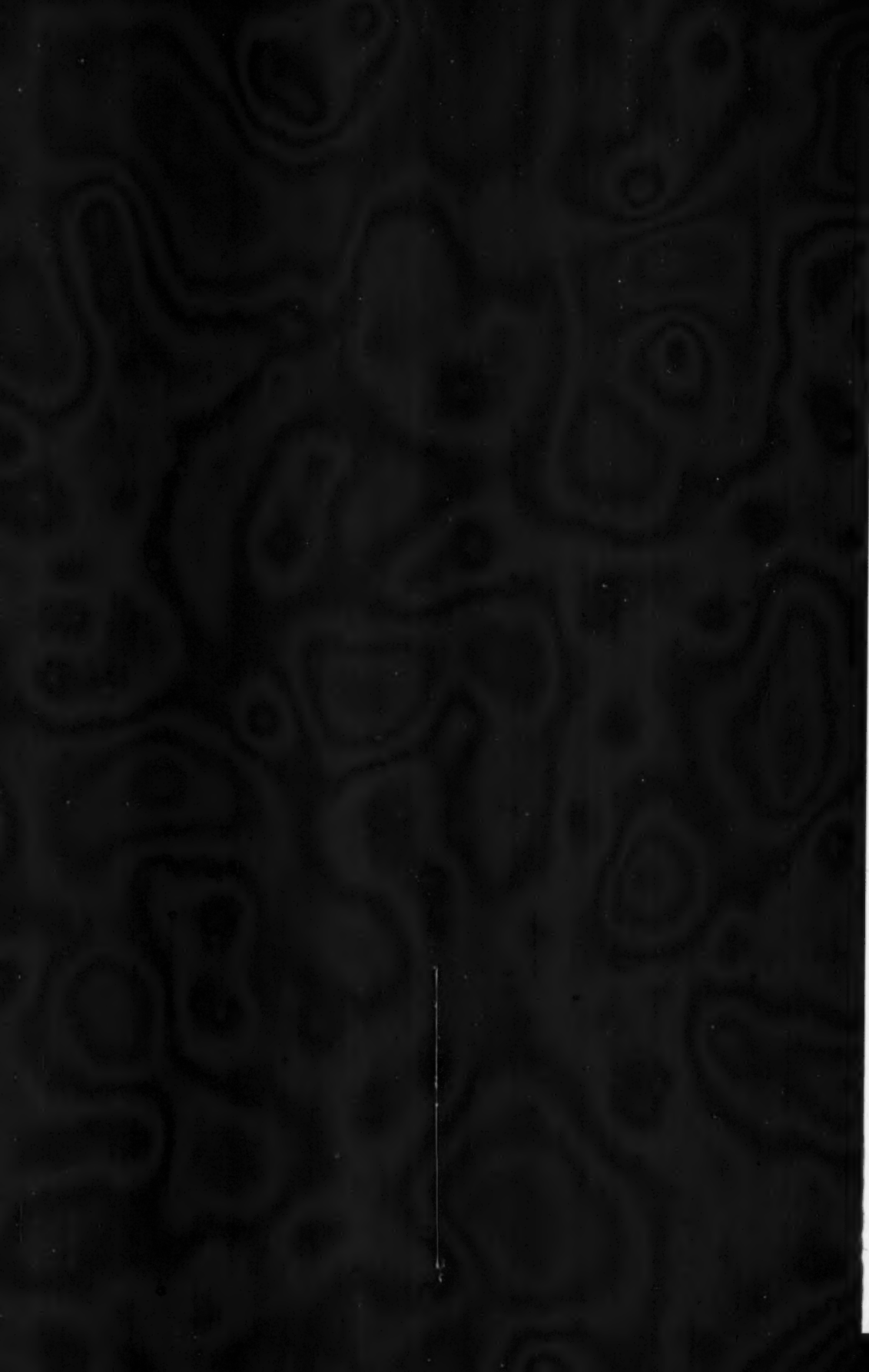
T H E
ALKALOIDAL CLINIC

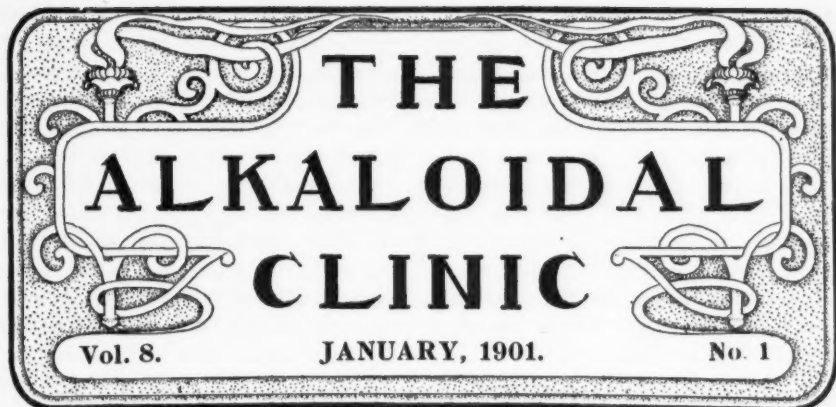
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EDITORIAL

COLLEGE SETTLEMENTS.

One of the most interesting features of modern city life is the college settlement in the slums. Briefly, the idea on which these settlements are founded is that a knot of college-bred men and women settle down among the people and live there; identifying themselves with the life of the neighborhood, studying the conditions, difficulties, wants and needs of the people, and incidentally seeking to elevate the social tone by example rather than precept. The whole scheme is founded on the theory that there are reasons for poverty and crime, and that the way to ascertain these reasons and the remedies that will be adopted by the people is to become of them until you see things as the people do.

One of these enterprises we have been watching with much interest for years—the Chicago Commons. We have not been able to estimate accurately the degree to which the Commons has succeeded in converting the slum, but we note that, as usual, the slum has done a good deal towards converting the Com-

mons, at least so far as socialistic principles are concerned.

We cannot give a better illustration of the fine work being done than by abstracting a report by Mr. Melendy on the *Social Function of the Saloon in Chicago*, and ethical substitutes for it.

Mr. Melendy considers that the saloon has grown up to meet a demand, fulfilling certain needs not otherwise met. Its persistence, spite of obvious objections, should show us that this is true. And politics will ever be controlled by the institution most directly in touch with the people.

Of the 163 saloons in the 17th ward, 111 offer free lunches, 24 business lunches, 147 are supplied with tables, 139 with newspapers, 8 with music, 44 with billiards, 56 with stalls, 6 with dance halls, and 3 allow gambling.

Its hold lies in its being the workingman's club. "Each saloon has the same crowd of habitués, night after night; the absence of rules renders it unconventional, the atmosphere of free-

dom is what men most love in their social intercourse. It is 'everybody's exchange.'" It assimilates and teaches, renders its patrons cosmopolitan. It is the social and intellectual center; a free meeting place.

The boy early seeks to escape from the thralldom of home to the freedom of the streets and the society of his fellows. He cannot use the street, but is "moved on" by the police—laying the first foundation of antagonism to law. The saloon offers the only refuge, unless the boys "dig a cave." Boys necessarily aggregate into bands, which are unorganized clubs. They must have meeting places, and it is pitiful to note their efforts in this direction. The saloon is warm and bright, its billiards, bowling alleys, shuffle boards and card tables attractive, and the bar that supplies all these is surely entitled to a little patronage in return. Any sort of a meeting place is useful that keeps the boy out of the saloon.

To the floating population, the lodging house is the home and the "free lunch" supplies much of the food. On the counters are bread, sometimes from ten to twenty kinds of meat, cheese, potatoes, soup, vegetables, etc., and anyone who wishes helps himself to as much as he pleases, whether he buys a drink or not, though most men consider it a "debt of honor" to patronize the bar. Much of the expense is credited to the competition of brewers. No questions asked, no sense of charity, for if the man does not buy beer to-day he may do so to-morrow. Steady customers are allowed money loans when need presses them; men who could not obtain credit elsewhere. Employment is also to be obtained here.

In many saloons free entertainments are given, such as are relished by the clientele. The need of relaxation and amusement is thus met.

No other provision for toilet necessities is made in the city. Hotels post placards announcing that their conveniences are for guests alone, and the saloon that offers the only relief gets its pay in beer sold.

Incidentally, the saloon panders to sexual vice; the lewd pictures and conversation, the "stalls" for private eating and drinking, and where the young woman whose family occupies a single room can meet her male friends, saving light and fuel as well; all tend to open the door to sin. And in every neighborhood are saloons for the drinkers of "better class," where none of these are permitted.

Other needs fulfilled by the saloon are as a place for business appointments, rooms for committees and other small meetings, the "business lunch," sometimes with dance hall and brothel attached; beer-gardens with vaudevilles and the best of music. "The adaptability of the saloon to the needs of a locality is a source of constant surprise and admiration, as it is of genuine consternation among Christians who reflect upon the stiff, rigid institutionalism of the average conventional church.

Among the substitutes for the saloon Mr. Melendy numbers the voluntary associations, fraternal lodges, turn-vereins, singing societies, trades' unions, boy's clubs, church societies and social settlements; amusements, theaters, parks and billiard rooms; lodging houses, lunch counters and reading rooms; special substitutes, Y. M. C. A., Y. W. C. A., Institutes, Salvation Army, Volunteers, "Home Saloons," and proposed coffee-houses. For each of these he has a well-deserved good word. Lodges are especially valuable. Of 751 clergymen, of whom questions were asked as to their churches' means of providing socially for men so as to combat the saloons, over 500 made no reply. Seventy-nine only

had taken measures looking to this matter.

After one night spent in the "vilest, bummiest doss-house" in the city, Mr. Melendy has no word of blame for the lodging-house patrons who spend their time evenings in the saloon. The Salvation Army lodgings are clean and are nightly filled to their fullest capacity. "These men have hit upon more that is practical and are really doing more to solve the social problem than many others more highly educated, who are so learnedly discussing it." The Y. M. C. A. has similar lodgings. "But nowhere else can a man's appetite be satisfied for five cents as in the saloon"—and he need not pay that! Factories might provide rooms for the employees to eat their lunch in, or even an eating bar with hot food in winter. It must be at least as attractive, free and cheap as the saloon.

Little attempt is made to utilize the Y. M. C. A. building for homeless men. The Catholics do better with the Young Men's Institute, arranged like a college fraternity hall.

The "Home Salon" of Bishop Fallows failed. His beer proved alcoholic. It was not an attractive place. The Bishop attributed the failure to lack of capital and to bad management. We fully agree with the latter. Selling a man a bowl of lukewarm dishwater for ten cents was not a good way of competing with a saloon where one could get roast beef, sausage, liver-pudding, soused pigs' feet, tripe, potato pancakes, Bologna, head-cheese, fried liver, baked beans, American and Limburger cheese, baked potatoes, white and brown bread, raw beef and a dozen other things, with beer, buttermilk or soda-water for a nickel.

Of the direct substitutes, Mr. Melendy says they are but isolated attempts, not yet having caught the spirit of the times; the religious element is intruded, and

men don't want to be preached at or patronized, losing the sense of freedom or of independence, and they lack attractiveness. The substitute must meet the needs of those who go to it, or they will continue to go to the saloon. About half go there for drink.

There is abundant food for thought in this paper for every man who has the good of his fellow men at heart. And we would suggest that those who are so interested that they would like to know what the College Settlements are doing, and incidentally aid the good work a trifle, can do so by sending fifty cents for a year's subscription to *The Commons*, 140 North Union Street, Chicago.

The influence of a tender, fatherly presence cannot be estimated. It clothes life with a dignity and strength that can come from no other source. He may be unlettered, weather-beaten, without anything that could pass as culture, but if he has learned the secret of living outwardly the inner love learned from the indwelling Heavenly Father, he can never be less than a hero to his children.

EDUCATION OF CHILDREN.

One should visit our city schools to realize the great advances that have been made during the last quarter century in the methods of public-school instruction and their application. Certainly they have progressed a long way in adapting the course of instruction to modern needs, and in common-sense ways of imparting knowledge.

But one thing seems to have as yet failed to penetrate the inner consciousness of many teachers, and that is the extent to which they should call upon the developing powers of each child's mentality.

Children are by no means uniform in the rate of their normal development. Some mature too soon, learn quickly but never progress very far—they have a talent for learning lessons easily and

none for using the information obtained as food for thought or invention. Others learn slowly, linger at the foot of the class, perhaps, developing late, but carry their studies much farther and use their knowledge as material for their own use. Some are capable of indefinite development, and their healthy brains respond to every stimulus in a healthy manner. Others quickly exhaust their vital stock by over-effort and remain stunted, or mental valetudinarians. Still others are incapable of development beyond a certain point, and no stimulus will supply the missing capacity.

We must record ourselves as skeptics in regard to that glittering bit of pinchbeck sentiment that declares "all men are born equal."

They're not. From birth, the inequalities in body and in mind are evident to anyone who chooses to look. I think it was Holmes who said that every New England youth who rose from obscurity to literary eminence had in his veins the blood of Jonathan Edwards. May be. It is to be hoped that they obtained a strain of something different also. But if a man is bookish you will find his sons and grandsons well provided with books. And the children of families noted for literary culture, or musical, or mechanical, or any special form of culture, will as a rule take more readily to the culture in which their parents excelled than they will to other forms of mental development.

The upshot of this is that among children there exist very different degrees of capacity for acquiring learning. It is too much to expect that a public school can ever be so graded as to meet all these differences more than approximately; but we may lay down this general rule, that in the primary grades at least it is only the exceptional student who requires to be pushed along beyond his natural gait.

If a child seems to lag behind, he had better be allowed to lag, unless a careful inquiry by competent judges determines that stimulation is needed. And above all, teachers should be cautioned against encouraging children to study at their homes. The pride a teacher takes in her pupils' progress is very well; and parental pride tends in the same way; while both are apt to look on the child's playtime as wasted. In truth, it should be considered sacred, and the child taught to do his task in the hours allotted therefor, and not at any other time. Children in the primary grades have five hours a day in school, and any lessons that cannot be learned in that time had better be left unlearned. I would judge the value of a teacher by the health and happy faces of her pupils, rather than by the rapidity with which they go through their studies, or the regularity with which they are promoted.

Nothing can work me damage except myself; the harm that I sustain, I carry about with me, and am never a real sufferer but by my own fault.—*St. Bernard.*

KINESTHESIA.

Dr. E. B. Foote wrote to us concerning that morbid impulse that impels persons looking down from a height to throw themselves down. The editors of the *Standard Dictionary* suggest the word "kinesthesia" as applicable, adding:

"This word does not specifically describe the disease that you refer to, but it implies action on the impulse.

"We may say, that to get one word to cover this phrase, seems to us impossible, for it depends upon various conditions:

"First, if a man deliberately mounts a precipice, with the express purpose of throwing himself from it, he is suffering, of course, from suicidal mania.

"Second, if, being on a cliff, he suddenly becomes unable to control himself,

and experiences a desire to throw himself from the height, he is suffering from 'kinesthesia' or some form of mental aberration. But in neither case can the impulse be correctly termed 'a state of mind.' It is momentary, and the sufferer frequently, we believe, is simply drawn to the ground by fascination, just as in the moral world, men are fascinated often by those whom they should resist."

The only thing I recall upon the subject is Goethe's experience: Feeling the impulse described, he ascended the walls of the Strasburg Cathedral, each day going a little higher, until he could stand on the topmost pinnacle and look down without vertigo. He thus overcame the impulse completely. This may indicate the pathology of the ailment.

"To live in hearts we leave behind is not to die." This is indeed immortality.

GLANDULAR EXTRACTS.

Corpora Lutea Sicca.—Lebreton believes the troubles occurring during pregnancy to be due to autointoxication arising from functional insufficiency of the corpora lutea. He administered therefore these bodies in a dry state, 0.05 twice daily, to pregnant patients complaining of vomiting, nausea, suffocative attacks, palpitation of the heart and hyperemia. The success of the treatment manifested itself by the immediate subsidence of vomiting, whilst the other troublesome symptoms were rapidly diminished and disappeared completely in all patients within a fortnight.

Glandula Prostata Sicca. Pulv.—Hitherto this gland was administered exclusively in the treatment of hypertrophy of the prostate. Oppenheimer has recently also attempted to treat chronic prostaticorrhea with the aid of the prostate sub-

stance, and found its internal application to induce a rapid and permanent cure of this trouble, provided no gonococci were present. This treatment is not indicated in the presence of the latter in the discharge. It is also necessary to interrupt it if in its course gonococci show their presence, in a discharge previously free from germs. Where the affection of the prostate is complicated by urethritis, the internal treatment may well be essayed, but it should be immediately discontinued if the prostate do not diminish within a week.

Glandula Suprarenalis Sicca. Pulv.—The active principle of the suprarenal capsule, which Muhlmann took to be pyrocatechin and O. V. Furth hydrated dioxypyridine, as subsequently examined by Gerhardt, appears now to have been discovered by John J. Abel. This body, named epinephrine by its discoverer, is an unstable basic substance, the percentic composition of which is expressed by the formula $C_{17}H_{15}NO_4$. Epinephrine forms salts, the introduction of which into the circulation paralyzes the respiratory function by their action upon the centers, the heart being affected last and after further dosing. The toxic and lethal doses exceed considerably those producing marked physiological effects without detrimental results. If kept in the dry state the whole of the epinephrine salts degenerate in time considerably with respect to solubility, which has so far greatly impeded the application of these salts. In order to secure a definite physiological result the use of the dried granular substance and the extract prepared from it cannot therefore very well be dispensed with. The most recent experience of Robin, Destot and Maurange points distinctly to the utility of the suprarenal capsule in the treatment of Addison's disease. Dufour and Roger de Fussac have moreover treated most suc-

cessfully a very grave case of *asthenie musculaire* by the continued administration of the substance of the suprarenal capsule.

Extraordinary interest attaches to the results derived from the experiments of W. Stoeltzner, who succeeded in considerably improving rachitis by the internal administration of the suprarenal substance. The essential results of the treatment may, according to this author, be comprised in the following statements:

1: The suprarenal substance produces excellent effects upon the general condition, restlessness, sensitiveness, sweats, vasomotor excitability, and especially craniotabes. These symptoms are frequently improved visibly within one or two weeks.

2: The cutting of teeth and the power of sitting, standing and walking are also promoted perceptibly by this treatment, also the softness of the thorax improves often so rapidly after the commencement of the treatment that a causal connection cannot be well doubted.

3: Less marked is its influence upon the abnormal size of the fontanelle, the deformity of the thorax, the rosary, epiphyseal swellings and curvatures of the extremities. Spasm of the glottis resists this treatment almost invariably with obstinacy.

4: Generally the results are such that in the first weeks of the treatment the improvement is rapid and considerable, after which it progresses slowly. Interruption of the treatment generally gives rise to a pause in the improvement, but as soon as the treatment is resumed the improvement of the rachitis becomes again more rapid.

5: Even in severe complicated cases, such as lues, intestinal catarrh, bronchitis and pneumonia, the rachitic symptoms are generally improved visibly.

Stoeltzner prescribes suprarenal capsules in the form of tablets, each of which contains 0.005 gm. of the glandular substance, in tablets which are placed upon the market under the designation Rachitol. The number of tablets which should be given to children depends upon their weight, and may be prescribed in accordance with the following table:

	Tablets daily.	Tablets daily.	Tablets daily
Under 5 kilos....	1	2	3
5 kilos	2	2-3	3
6 kilos	2	3	4
7 kilos	2	3-4	5
8 kilos	3	4	5
9 kilos	3	4-5	6
10 kilos	3	5	7
Above 10 kilos ..	4	5-6	7

The time at which the tablets are given is immaterial, as long as they are not taken on an empty stomach.

It is best to place the tablets in the child's mouth. It is not advisable to dissolve them in the bottle, as an indeterminate amount of the active substance is apt to adhere to the sides and bottom of the bottle and thus interfere with correct dosing.

Extractum Suprarenale Hemostaticum.

—The angiostenotic properties of the suprarenal extract have hitherto been used in practice mainly for ophthalmic treatment, but recently its use has been extended with great success to other departments. It is amongst others recommended by H. L. Swain, J. C. Sharp and J. C. Connel in chronic and acute affections of the nose and throat, such as rhinitic tumid conditions, tonsillitis, pharyngitis, laryngitis, etc. The aqueous extract of suprarenal capsule acts in these cases as a powerful astringent for the vessels and the erectile tissue; it is harmless even when introduced in considerable quantities and the local action of the extract can be reproduced any number of times in the same individual without blunting the tissue. The nose and throat are treated with 10—50

per cent aqueous solutions, which are applied either with the brush or in the form of a spray. The suprarenal extract forms also an excellent astringent in hemorrhages following the extirpation of proliferations in the nose and throat. It is also, according to Lermite, adapted for promptly arresting obstinate epistaxis, not controlled by other means. Grunbaum concludes from his observations that this extract, though without appreciable influence upon the blood-pressure in the normal system, acts as an ideal hemostatic in hemorrhages of the mucous membrane of the digestive canal.

GIFTS TO MEDICAL COLLEGES.

Prof. Senn's gift of \$50,000 to Rush Medical College has aroused the faculties of other institutions. We note that another Chicago school has been presented with a like amount by two members of its faculty, and we may expect similar bequests in other colleges. Now, as to the Illinois Medical College, we would suggest a slight alteration in the program, and that is that the endowment be placed upon the Dean instead. There is originality in this idea, and some other advantages.

IS THE DOCTOR ONLY A FOOL?

There are firms whose business lies entirely with druggists, and whose attitude to the medical profession is only a veiled antagonism. They do not want the ill-will of the doctor, since they would like him to prescribe their wares; but they cater to the druggist, give him their lowest prices and even pay him a

"rake-off" on what the doctor buys direct from them.

Some, like the Wyeths, go so far as to aid the druggist to steal the practice of the physician, by supplying goods ready put up for the druggist to dispense, and sending circulars to the people advising them to go to the druggist and buy these instead of going to the doctor for advice.

Others go still further, and boldly advertise in drug-journals cheap imitations of goods the doctor prescribes, urging the druggist to substitute these for what has been ordered.

Still others, like the Mariani people, take their goods directly to the public, advertising them in the daily newspapers, and yet rely on the stupidity of the doctor by asking him to patronize them while they are openly trying to rob him of his livelihood.

Well, what are we going to do about it?

Individually, we are weak; collectively, we are powerful. Turn on the searchlight of publicity. Hold these people up to the profession in their true light; so that every doctor shall know exactly where each one stands. Then, let the doctor make it a rule to deal with his friends and let his enemies alone. Let him buy his supplies from houses who will sell to the doctor as cheaply as to the druggist. Is that much to ask? Haven't we a right to do this? Isn't our money as good as the drug-man's? To whom do the manufacturers go with trial samples and whose commendation do they seek?

Do not let a penny go into the hands of the men who are fighting you by encouraging druggists to prescribe or to substitute, or who advertise directly to the public. Make it your business to find other preparations to recommend in place of theirs, and lose no opportunity

to discourage the use of such articles. The steady influence of 100,000 physicians can make or mar any firm. It is our own fault if we continue to suffer these abuses.

A word of explanation: We are not going about looking for trouble, and have no personal grievance with John Wyeth & Bro. The facts are these: In 1899, the *Oklahoma Medical Journal* stated that the above firm was supplying the druggists with sample packages addressed to the preachers and school-teachers in the county, with digestive and cough tablets, indications and directions for use, the manufacturer's name, and a label giving the name and "compliments" of the druggist.

We noted this singular transgression of ethics, and hoped the Wyeths would explain the offer, but they have not seen fit to do so; so that this firm stands squarely on record as aiding and abetting the druggists in prescribing for patients over the doctor's head. There you have it. If you think the matter immaterial, drop it. But if you believe, as we do, that every man in this world has got to defend his right to earn a living in his profession, this matter ought not to be dropped out of sight.

To be free is to be lifted above the plane of existence where competition rules. Competition compels comparison with one's neighbor. Envy, pride, jealousy, conceit follow, and slavery to the base passions results. To be free is to strive for strife's sake.

FOREIGN BODIES IN LARYNX AND TRACHEA.

Dr. Preobraschensky recommends the following manipulation in the above accident:

Put the patient prone across a bedstead, or upon a chair, letting the hands

touch the ground and the upper part of the body hang over the chair, and let the patient breathe slowly and deeply, at the same time striking the patient smartly on the chest and back. Dr. P. records twelve cases of success by this method. It happens however frequently that relief is afforded while the foreign body has not been removed. It will be best, therefore, to examine with a laryngoscope and be certain of results; for the lodgment of a foreign body in the air-passages must sooner or later lead to various ailments.

This is merely the old method of inversion, which has often been employed with success. However, I do not recollect ever having seen it in print, and as many have never heard of it, it is worth occasional resurrection. In cases of foreign bodies in the air-passages, hold the child up by the heels, slap the back smartly; the offending body will fly out; then charge the family \$100 before they have time to recover from their gratitude.

True freedom is the power to choose the best.

DR. EGAN.

The question now engrossing the attention of Illinois physicians is: "Will Governor Yates reappoint Dr. Egan Secretary of the State Board of Health? Dr. Egan has been such a thoroughly efficient officer, so acceptable to all with whom he has had official business, that one would naturally look for his continuance as most probable. But the recent displacing of the universally honored and respected Dr. Baker from gubernatorial favor leads one to sadly reflect that there's a good deal of politics in the politics nowadays.

LEADING ARTICLES

COCAINISM.

By T. D. CROTHERS, M. D.

IT has been known for a long time to the natives of many of the South American States that the leaves of the *Erythroxylon* Coca plant contain some invigorating principle which overcomes fatigue and increases the power of endurance, but the fact that the alkaloid of this plant, cocaine, is one of the most subtle and dangerous intoxicants, is practically new to medical science.

The general physiological action of this drug as a local anesthetic was first described in 1866; but twenty years afterwards Erlenmeyer gave the history of many cases of cocaineism, and pointed out this disease for the first time. Many quite eminent men denied that cocaineism was a distinct disease and an addiction. They explained the intoxicating symptoms as due to other drugs and conditions of the body.

One physician asserted that he had used cocaine in large doses, personally and in his practice, without any poison-symptoms. Another claimed that there was no danger from its use if not complicated with other drugs. A third physician and author urged that it be given as a tonic for muscular and mental fatigue

and exhaustion, and cited cases to sustain his counsel.

Two of these physicians died from diseases directly following the use of cocaine.

The cheapening of this drug has greatly increased its use and popularity, in prescriptions where pain and irritation are to be overcome.

Used by the needle for local anesthesia, it has become prominent by the absence of any unpleasant after-symptoms, and the conviction of its safety has increased. Wherever it has become an addiction, the victim is always possessed with the idea that there is a moderate, safe use of the drug, which it is possible to attain.

There are many reasons for believing that the strictly medical use of cocaine has not increased very rapidly, owing to its variable effects. Dentists, throat, nose and eye specialists, also surgeons, use it most freely. It enters very largely into many popular prescriptions and proprietary combinations of drugs, but there are no reliable statistics which indicate the extent of its use.

The custom-house reports indicate an enormous increase in the importations of cocaine every year, and while the price

is falling, the demand is greater and increasing quantities are called for. Inquiries in the large cities show that only a small per cent of cocaine is consumed legitimately. In Philadelphia, less than four per cent of the cocaine sold went to physicians, dentists, specialists and hospitals. In New York, Boston, Chicago, St. Louis and other cities, from three to eight per cent only could be accounted for in legitimate ways.

As there are no restrictions or laws regulating its sale in most towns and cities, it is difficult to trace its final consumption. Statistics of drug-store sales bring out many curious facts. Thus, in the lowest sections of large cities cocaine is in great demand in both drug and grocery stores. Tramp peddlers carry cocaine and morphine to sell to the lowest class. Cocaine is sold openly, and is eagerly sought for the quiet, dreamy satisfaction which it brings, and which makes it very fascinating. When these pauper classes are unable to procure the drug they become thieves and criminals to secure the means to buy it. When put in jail and deprived of the drug they become delirious and difficult to manage. Usually they are delusionally excited, not combative, but full of delirious exaltation, with dread of injury and suffering. They are very talkative and boisterous in manner.

The drug-stores in the wealthy sections sell large quantities of cocaine, both with and without prescription. Formulas containing cocaine in large amounts are popular and in great demand. The preparations most commonly sold are called "cold" and "catarrhal" remedies, which are practically little but cocaine.

In a Connecticut village, where many of the people worked in a dusty factory, a physician's prescription of cocaine for catarrh became very popular. At one time over a hundred people were using it.

Then its contents became known and its use was restricted, but at least three of these persons became addicted to its use.

CLASSES OF CASES.

Cocainism seems limited to persons in early and middle life, and is most commonly seen among neurotics and brain-workers. To the sensitive, highly-developed organization it brings most soothing relief. To the stupid, dull, imbecile brain it is a revelation of comfort and rest that is very fascinating. To the worn-out and nerve-exhausted man it gives a temporary, fictitious strength and vigor which are very impressive. To the sufferer and care-worn it brings calm and peace.

It is a new disease of civilization, falling most heavily on the extremes of society, the wealthy and the pauper classes; and also on the highly intellectual and the dull and stupid people.

WHO BECOME COCAINOMANIACS?

Probably the largest number of persons who use this drug have previously taken alcohol or some form of opium or other drugs. From the effects of these drugs general disturbances and derangements of the body follow, and cocaine is used with most pleasing results for a short time. The morphinist finds cocaine a perfect substitute for the depression which follows from the use of the opium drug. The alcoholic is charmed with the relief which comes from cocaine and the new sensations and feeling of rest which it brings. For a time, cocaine is taken alternately with spirits and other drugs. When its effects are unpleasant it is abandoned for some other narcotic. In this way, many cocaineists are heroic drug-takers, using first one and then another, and always exhibiting a great variety of most complex mental and physical symptoms.

A second smaller class begin the use of cocaine for the relief of pain, irritation

and discomfort. Its effects are so pleasing that they never abandon it. Catarrhal states are checked by the local anesthesia which it produces. Snuffing the powder and solutions is a very common way of using it.

Local neuralgias are checked at once by needle-injections of a solution of the drug. This is continued and it is then taken in other disturbances of like character. States of exhaustion and intense depression are temporarily overcome by solutions of cocaine. Insomnia and anxiety pass away from the anesthetic action of this drug.

Cocainism has followed from its first use for catarrh, for gastritis and for all forms of local and general neuralgia. It has been given for its anesthetic effects in injuries and in operations, and used ever after. Physicians have used it for states of exhaustion and anemia, and contracted the addiction.

In brief, almost every condition of pain, irritation, exhaustion and discomfort has been the starting-point of cocainism.

A few persons have become addicted from the first use of cocaine as a mere experiment to test its effects. The pleasing action made so profound an impression that it could not be given up.

Neurotics and psychopaths, both from inheritance and by neglect of the laws of life and living, are common victims. After them come the worn-out and the crowded-out, and the nerve and brain-disturbed victims of modern life.

THE TYPES OF CASES.

Cocainism appears in two forms: One, the periodic; the other, the continuous.

The periodic form is marked by distinct free intervals in which all desire for the drug is lost for a time. Then a state of unrest and physical and psychical pain comes on, and cocaine is used again for several days or weeks, and then abandoned.

In the free interval the mental impression of the pleasing effects of the drug continues, and is seldom overcome by fears of its danger. The person will assert that he will never use it again, but when the paroxysm returns will reason that there is little risk or danger in using it for present relief. Many of these periodic cases suffer from neurotic nerve-storms which precede the use of cocaine.

In one case an attack of asthma, in another painful insomnia, in a third disturbances of the stomach and palpitation of the heart, preceded the use of cocaine.

The menstrual period in women, and digestive headaches in men, are also common conditions.

The continuous use of cocaine is seen in neurotics and exhausted persons, who frequently conceal its use and show great ingenuity in explaining any unusual conduct which may follow indulgences as due to other than the real cause. After a time nearly all cocaine-takers become continuous users of the drug; then, in the efforts to conceal its effects, other narcotics are employed. In this way morphine, spirits, chloral and many other drugs are taken, and the symptoms become complex and confusing.

All those cases are cocainists who take the drug when they can get it, and substitute some other drug if it is difficult to get cocaine. They want relief from some source, and any drug will answer their purpose which quiets the nervous system.

Cocainomaniacs are different: They become literally crazy until they can procure this drug. Nothing will take its place. They suffer from an irresistible impulse for it, and their minds are filled with delirious thoughts of the pleasing effects which will ensue from its use.

In the examination of a delirious lunatic, who required three men to restrain him, he whispered to me: "Get me

five grains of cocaine and I am sane." It was given him, and all the wild delirium subsided. He was transformed into a quiet, self-possessed man. He went to the asylum, and there was some doubt of his insanity by those who did not know his real condition.

PHYSIOLOGICAL EFFECTS.

The action of cocaine is to raise the rapidity of the heart and, in large doses, the respiration. In a poisonous dose the temperature is raised, and after a period of excitement, collapse follows.

The principal action is that of exhilaration and a feeling of increased mental and muscular strength. The brain is stimulated and the sense of physical and mental well-being exaggerated. Pain and discomfort disappear.

When given by the needle, the nerves in the vicinity are anesthetized and all sense of local pain disappears. Its local paralyzing action is always marked, and in some instances this paralysis extends to all parts of the body, as a feeling of comfort.

A peculiar exaltation of the brain-activity is a characteristic of cocaineism. In this exaltation the patient soon develops delusions of superior strength and vigor, and perfect command of himself. Later, hallucinations of voices appear, and then delusions of persecution and fears of personal injury fill the mind.

The cocaineist in the early stages is always self-possessed, serene and buoyant. Nothing disturbs him. He is very active, talks freely and enjoys everything. Later, when the drug wears off, he becomes morose, excitable and suspicious; cannot sleep at night, and worries at the prospect of trouble and danger. When the drug is taken again the former good feeling returns. If he is a professional or business man, occasions for the return of the stimulation increase; and

soon cocaine is taken regularly, whenever reactionary symptoms come on.

Finally, intoxication stages appear, in which marked volubility and prolixity are common manifestations. The sense of good feeling creates an intense desire to talk about anything, without any definite purpose or object. If the cocaineist is a lawyer, clergyman, political speaker or lecturer, and the drug is taken immediately before appearing in public, great volubility will result. His thoughts will flow on in a continuous current. There will be no pauses and no dividing lines, but one steady connected flow of words, involved and without point, direction or end.

A noted clergyman, with a good voice, incurred the displeasure of his people by the length and prolixity of his sermons. Later he was found to be a cocaineist.

An eminent medical lecturer suddenly became oblivious of time and place in his lectures. He would widen his topic to such an extent as to be lost in its details, talking on without point or purpose, and never coming to a logical conclusion. He was a cocaine user, of which this was an unmistakable symptom.

A lawyer's plea before a jury in a recent trial bore the same marks.

Many political speeches and newspaper articles bring out this special form of prolixity and diffuseness. This differs widely from the broken, jarring sentences of alcoholists, morphinists, and other mental defects. The style of the cocaineist is a smooth, continuous, involved flow of words, leading in no direction and never ending. This delusory state may be protracted for a long time, and can be seen in works of fiction, in poetry and even in medical journals.

A common manifestation of this condition is in letter-writing. A cocaineist will think to convey to someone an abstract truth or belief, and after the first

sentence or paragraph the original purpose of the letter is forgotten. A cocaineist wrote from four to ten letters a day to his wife about the care of his library and office. The closing of each letter suggested some new phase of the subject not written of before; and so it went on.

A cocaineist who proposed to come under my care wrote me daily, for several months, from four to six letters, containing opinions, reflections and suggestions covering nearly all topics of history, social science, and life generally.

In some instances this mania for letter-writing has taken on a slanderous aspect, but, curiously, the absence of bitter, sharp words and distinct charges indicate the cocaine origin. Such letters usually contain slanders so involved and mixed that their meaning is only clear from inference.

Amatory letters in the same diffuse style are common. Many letters in famous divorce trials show cocaine-taking. The vagueness and obscurity of the word-grouping indicate this origin. This form of exaltation has been considered symptomatic of paresis.

A noted man was placed in an asylum as a paretic. After a delusional mania, with much exhaustion, he recovered. His mental state was due to cocaine, which was not discovered at the time.

This first stage of mental exaltation is after a time followed by hallucinations of sight and hearing. Insomnia will come on, with muscular agitation and restlessness. Suspicious characters will appear watching him, and voices will be heard plotting to do some injury to him. Then he will begin to take unusual precautions, buy revolvers and knives, and have them ready for defense. Nearly all the cocaineists I have seen carried revolvers, and explained that attempts had been or would be made on their lives; so they were justified in preparing for them.

When they reach this stage other drugs are taken, generally morphine and spirits; and the cocaineism is concealed.

The mental exaltation in the last stages is very brief, and long periods of restlessness and stupor follow, with disturbed mental states that are very apparent.

DIAGNOSIS.

The diagnosis of these cases is often very difficult. In a suspected case sometimes the only change noticed is an increased capacity for mental and intellectual work, with an unusual satisfaction in all the conditions of life and living. Close study will show a slight falling off in the character of the work and the degree of judgment displayed.

If a physician, defects of judgment and diminished recognition of ethical duties appear. If a clergyman or lawyer, his sense of the propriety and the relation of things suffer. His work is less exact. If an active business man, his former caution and candor are less prominent.

Thus, in many ways there are mental changes, diminished capacities, and slight failures of the higher brain-relations. A careful study of the symptoms will show a disappearance of the buoyancy at short intervals, and a disposition to go off alone for a time, with a return of self-confidence and elation. The cocaineist differs from the alcoholic by his solitary habits, and from the morphinist by delusions of persecutions in the later stages.

Later, when insomnia and extreme nervousness come on, unless morphine or other narcotics are taken to conceal them, the diagnosis can be made by exclusion.

General elation and solitary habits, with great buoyancy of spirits, are significant symptoms.

COMPLICATIONS.

When cocaine is used to lessen the pain and disturbances caused by spirits or opium, the peculiar mental symptoms

of cocaineism are wanting, and restlessness with insomnia follow. If cocaine is the leading drug taken, short exalted periods occur with distinct delusions of persecution. The latter symptom is present in nearly all cases, whether cocaine has been the primary or secondary drug taken.

The feeling of bugs crawling over the skin comes in the later stages, and is a very significant symptom. The appetite fails and anemia appears, particularly when other drugs or spirits are taken alternately.

The disposition to follow any consecutive work grows less and less with the continuous drug-taking. With this come a general failure of ambition and will-power, and reckless, aimless thought and work.

THE IMPRESSION ON THE BRAIN.

No other narcotic known up to this time makes such a pleasing physiological impression on the brain. The new world of strength and physical happiness which it opens to the victim is never effaced by any ensuing pain and suffering. The patient has gone into a new land and experienced the bliss of perfect peace with the world, with complete command of his brain and enjoyment of active work. Ever after, when in trouble or suffering, the memory of this comes back, and with it the desire to live over again the experience and pleasure which it brought.

In morphinism, the rest and oblivion which the drug brings is a dark door of escape from the present trouble.

In cocaineism, the blissful satisfaction which comes from this drug is a foretaste of an ideal life. Hence the difficulty to overcome this impression by any profound temporary aversion, growing out of the sufferings and pain from the reaction of the drug. The cocaineist will deplore his condition and make apparently every effort to overcome the dis-

eased impulse, and yet relapse under any circumstance, though he may see clearly the peril of his condition.

If cocaine is taken after alcohol or opium inebriety has begun, the impression is less vivid; the physiological action is more anesthetic and less stimulating.

In fatigue, in distress and suffering, the rapid and complete change following from the effects of cocaine is never forgotten.

When morphine or spirits are taken after the cocaine addiction, the injury to the brain-centers is intensified, and both mania and dementia follow. Complete insanities of all forms appear.

PROGNOSIS.

The prognosis of these cases is always grave. While recovery does sometimes take place, it is only from long, insistent care and treatment. Cases complicated with alcohol and opium are restored, but the danger of relapse is always very great.

The higher sensory neurons have become permanently altered and the power of control is lost; the sense-centers are damaged and broken up. Sight, hearing, taste, smell and sensation are seriously impaired.

TREATMENT.

The removal of cocaine is called for at once. Substitutes may be used to lessen the irritation and withdrawal symptoms. These should be vegetable narcotics, of which valerian, hyoscamus and others of this class may be used. The bromides are often useful in large doses for a brief time. Chloral, alcoholics and opium are unsafe.

The insomnia must be treated largely by foods and baths, and the various functional disturbances of the body by appropriate remedies as called for in each case.

The conditions are largely starvation and cell-poisoning, and absolute change of surroundings and conditions of life

and living are essential. The patient should be sent to an asylum and be kept under the care of a specialist until the acute symptoms pass away. Then the care of the family physician for a long time is necessary, and the patient must follow exact lines of hygienic and medical direction.

The gravity of the case, and its recognition by both the physician and patient, should be fully understood. The conditions which provoked the first use of cocaine should be avoided.

The giving up of the drug is only a small part of the treatment.

A study of the causes and conditions which led up to its use, and their prevention and removal, are the central objects of correct treatment.

In cocaineism, the patient does not always co-operate with the physician, but, through fear and pride, conceals his real condition. Often the treatment must be based on shrewd observation and inductive reasoning.

The mind and body are seriously impaired and require joint treatment. This treatment must follow well-recognized principles, and be based on the condition of each case and its special necessities.

In conclusion: The fatal cases where cocaine is given for its anesthetic effects are widely reported in medical literature, but cocaineism, one of the most dangerous of drug-addictions, has attracted little attention, and its literature is very brief and regarded with doubt and skepticism. There can be no doubt that cocaineism is increasing. A variety of unmistakable symptoms sustain this assertion; symptoms seen in newspaper literature, in stories, novels, medical writings, strange conduct, eccentricities, mysterious acts and sudden deaths.

Its indiscriminate sale, without restrictions, in all drug-stores is one cause. Its

reckless use by physicians, who accept the theories of teachers and others without practical experience, is another cause. The wide-spread credulity of its harmlessness in all cases within certain limits, is another active cause. Its safe, legitimate use in medicine is clearly limited; and it should be given with great caution, and always concealed from the patient. As a narcotic or substitute for other narcotics, it is an exceedingly dangerous drug. The law should restrict its sale as a veritable poison, and its continuous use should be recognized as insanity, demanding prompt interference and control. Its use in proprietary medicines is a source of peril of greater magnitude than that of any form of opium.

Finally, cocaineism has become a most serious drug-addiction, whose victims are often physicians and professional men from all circles of life, together with the neurotics and drug-degenerates. There is only one way of escape for these poor drug-victims; that is, to give up everything and make a supreme effort for recovery. With the assistance of some trusted physician, in changed conditions and surroundings, and the most favorable circumstances possible, the prospect of permanent cure and restoration is most favorable.

Hartford, Conn.

REFLEX NEUROSES FROM ADHERENT PREPUCE IN THE FEMALE.

BY PROF. A. S. WAISS, M. D.



NUMBER of articles have been written on reflex neuroses and their familiar manifestations. A very fine one has lately appeared by Dr. Edie on the "Reflex Neuroses from Phimosis."

For the past few years my attention has been drawn toward these

reflex neuroses from adherent prepuce in the female, especially as in my practice I had two cases, males; in one a tight, elongated and adherent prepuce, in the other an extraordinary long prepuce, but one that could be retracted. In both cases the symptoms were almost identical: Emaciation, restlessness, trembling of the extremities, pallid complexion, muscular weakness, neurasthenia and melancholia. The patients would slouch about, suspicious of everybody around them, with inability to concentrate their thoughts or to apply themselves to any kind of work for any length of time without excessive fatigue, at times amounting almost to exhaustion.

One of the most marked symptoms and for which they came to me, was the almost complete sexual impotence. They had both indulged in masturbation. On physical examination the lungs, heart and kidneys were found healthy. In one a slight anemic bruit was discovered. Personal history and heredity in both cases were excellent, and outside of the above-mentioned finding, i. e., redundant prepuce, nothing abnormal could be found.

I advised circumcision, and in both cases the result was so happy that the lesson remained deeply engraved on my mind. The neurasthenia and melancholia disappeared, sexual power returned, and both gained flesh (forty pounds in three months in one), and they have gradually but absolutely recovered their health and vigor; and what is more to the point, have remained well and vigorous ever since.

About the same time I was treating a young lady, eighteen years of age, who presented physical symptoms very nearly resembling those enumerated above. She had a haunting fear and dread of society, especially of the opposite sex, fear of being ridiculed being the predominant

thought. Her appetite was very poor and capricious, and she was acutely constipated at times, when large doses of cathartics had to be taken before her bowels would move. She had always been slender, but in the last two years her emaciation had become marked. On close questioning she admitted of masturbating, without seeing anything wrong in the practice, as she had done so ever since she could remember. In this instance, also, the heart, lungs and kidneys showed nothing abnormal.

Permission for an examination of the pelvic organs was readily obtained, as she had been treated by two different doctors, who in both cases had directed their medications to the uterus. The uterus was found normal, both as to size and location, ovaries normal, tubes could not be outlined, with no adhesions or inflammatory products. Menstruation had always been painful, especially the first day, with excruciating backache; in fact none of the usual symptoms of acute dysmenorrhea were lacking, necessitating her remaining in bed for two or three days at each menstrual period. She was also annoyed with hot flushes, lassitude, at times amounting to exhaustion on the slightest strain.

Remembering my male cases, whose symptoms this young woman nearly duplicated, and also the close relation of the clitoris to the male glans penis, I examined it and was struck with its almost total obliteration through the adhesion of its prepuce or hood. The parts were tumefied, inflamed and excessively sensitive to the touch.

The clitoris is an erectile structure analogous to the corpora cavernosa of the penis. It is connected to the rami of the os pubis and ischium on each side by a crus, and is partially hidden between the anterior extremities of the labia minora. The free extremity or glans

clitoris is a small rounded tubercle, consisting of spongy erectile tissue and highly sensitive, a diminutive but true counterpart of the glans penis. It is innervated by the terminal branch of the pudic nerve, one of the main branches of the sacral plexus, which in turn is formed by the lumbo-sacral cord, the anterior division of the three upper sacral nerves and part of that of the fourth. Its innervation being derived from the same source as all the other pelvic organs, the sympathetic system, we can readily see how, through the constant irritation of one branch-ending, all the others will ache in sympathy—vicarious pain, especially in neurotic subjects.

The following operation was performed. A general anesthetic was used, the parts being too sensitive to permit of handling under local anesthesia. The hood was drawn upward by thumb and forefinger, at the same time pushing in toward the symphysis and causing the glans to become extruded. The adhesions were freed with a small blunt probe. This was continued till the whole corona as well as the convex surface were freed, for the separation is completed only when the back of the corona is exposed. About half a teaspoonful of smegma was removed in this case, with many small concretions deeply buried in the mucous membrane back of the corona. The prepuce or hood, being abnormally long, a narrow strip of skin and mucous membrane was removed with scissors, the wound closed in with a fine continuous catgut suture, and this covered with a thin layer of flexible collodion. The hood was pulled back, the clitoris covered with sterilized vaseline, and this procedure was repeated every day for ten days to prevent the adhesions reforming.

The immediate improvement that began as soon as the wound had healed was noteworthy. All symptoms gradually

disappeared, even her menstrual flow becoming painless three months after the operation. Pain diminished at once, but did not cease till the third menses. The neurasthenia disappeared, she gained flesh, her complexion became clear, her bowels remained regular; in fact, our patient regained her health.

Since the above operation, I have made it a routine practice to examine the clitoris of every patient presenting herself for examination, and it is remarkable in what a small percentage only will the clitoris be found absolutely free. These adhesions are almost universal and never give rise to trouble unless an accumulation of retained smegma causes increased vascularity and irritation. These changes are apt to be followed by constant handling and friction, often giving rise to ill-defined pains. We make it a habit to examine the prepuce of all male babies, who, through one cause or another, become restless, fretful, cry out in their sleep, and those that generally do not do well; and in many instances the fault is discovered in an elongated adherent prepuce.

Now, how many of us examine the clitoris and its hood in girl babies that become fretful, restless, etc.? Most of us will medicate such a baby with sedatives, to its everlasting hurt; yet such an examination ought never to be omitted, for a great deal of pain and misery could be saved to these little misses. In any irritation, or even ill-defined discomfort, or tendency to handle or rub the genitals, an examination of the clitoris should never be omitted. This rule should be rigidly followed out in cases of little girls who cannot locate the source of their discomfort. The following three cases will illustrate my contention:

Case 2: Girl, age six months, had epileptic seizures ever since her third month. Child was well nourished, taking her

mother's breast. Baby was constantly fingering her genitals. Hood was found adherent to clitoris. Clitoris was freed and baby has remained free from epileptic seizures ever since and is doing well. Baby is no longer fondling her genitals.

Case 3: Mary A., age twelve years; has always been a puny wilful child, backward in her studies and not very bright; capricious appetite and often constipated. Child was brought to me on account of persistent enuresis. She had taken various remedies, all to no avail. I elicited from the mother that the child slept very restlessly, gritted her teeth and was constantly fondling her genitals, in spite of oft-repeated punishments. On examination, the clitoris was found entirely covered by the hood.

The denudation was easily done, for the prepuce was distended with smegma, the clitoris being greatly engorged. The child urinated in her bed the night of the operation and the following night, and has not done so since. Her mental improvement has been very marked. She is now as bright as an average child of her age, her willfulness has disappeared, she sleeps well, eats well, enjoys the companionship of her playmates (which she never did before), and she no longer plays with her genitals.

Case 4: Mrs. R., twenty-seven years, married seven years, of large frame, very handsome, mother of one child six years old. Never has masturbated, is constipated only at times, general health good, is not emaciated. She is absolutely passionless and it is for that that she came under my care. Her husband, to whom she is very devoted, is a healthy, robust fellow of some thirty-five years. Kind and good-hearted, he is very passionate, although he has never upbraided her, and has borne up patiently and foregone connection for months at a time. As her loathing for the act was increasing with

time instead of diminishing, it was only through the greatest mental effort on her part that she could bring herself to it, out of love for the man alone. Coitus at times was exceedingly painful, never pleasurable. She has often thought of suicide while contemplating her condition; has become morose, irritable, and her thoughts are constantly centering on self.

On digital examination, the uterus, tubes and ovaries were found normal; perineum was not injured, but the clitoris was entirely covered by its hood.

In the operation that followed I had some difficulty in stripping back the prepuce, adhesions being firm and smegma abundant behind the corona. Portions of the prepuce were removed, as in Case 1.

The beneficial effect of the operation in this case was as pronounced as in any of the others. All the morbid symptoms have disappeared. Coitus can now be performed without pain, and with growing satisfaction. The patient has become a different woman. She is lively, contented; in fine, happy. How much misery and unhappiness could have been saved in this case had her clitoris been attended to in her babyhood; and for the want of which nothing but an asylum or a suicide's grave stared her in the face.

These four cases were selected from a number, being the most marked, and those in whom the results of operation were the happiest as to final and permanent results. We often poo-hoo and overlook these indications in our baby patients; which to them amount to a great deal, and in years to come will weigh upon them with a mountain's weight. Is it not our plain duty to examine every baby girl, as every baby boy, and attend to the prepuce, if anything is amiss?

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MICROCOSM.*
MICROBES THROUGHOUT THE AGES.

BY PROF. A. BURGGRAEVE, M. D.



T was first an opinion accredited to the ancients, that that which they called ether, namely the irrespirable medium for superior organisms, was formed by myriads of living corpuscles or monads. A philosopher—Democrite, if we are not mistaken—had even imagined atoms: crooked (*crochus*).

At intervals of several centuries the same ideas have been met with, for at the present time there is much said about the infinitely small or microbes. The sharp turnings (*crochets*) are not even wanting, for among these proto-organisms, there are some provided with appendages or eye-lashes (*cils*).

Where do they come from and how do they develop themselves? That is what we are trying to find out. Are they beings of chance or do they exist normally? The ingenious theory of M. Béchamp is here presented, who considers them as being the adult state of molecular granulations (*microzymes*) exciting to the normal state in the living tissues and which would develop themselves in the pathological state where, in consequence of a morbid alteration, they find themselves in the most favorable conditions of growth.

The theory of M. Béchamp being connected to those which have been advanced before him, on the same subject, we will proceed briefly to recapitulate them here.

We have just spoken of the monads diffused in ether, according to some ancient philosophers; this opinion, relative to the pre-existent germs, was not favored by all; there were partisans of spontaneous evolution, Lucrece amongst

others: "It is for good cause," said he, "that the name mother is given to the earth, since all things are produced by her under the influence and of the warmth of the sun." It is in the same sense that Saint Paul has said, in his Epistle to the Corinthians: "Oh fool, that which thou sowest is not at all vivified if it does not die"!

It is necessary to come to Harvey to obtain a few experimental facts in this respect. In his *Exercitationes de generatione*, the illustrious author of the circulation of the blood admits that all animals and plants proceed from what he calls a "*primordium vegetale*,"—which would be called to-day a "vegetative germ"; and this germ, said he, was oviform, that is, analogous to the egg, because it has the constitution and nature of it; it was, as is seen, the beginning of the doctrine of epigenesis.

We now come to Francois Rédi (*Esperienze alla generazione degl' insetti*). The Italian naturalist first finds fault with the doctrine of spontaneous generation, such as had been admitted by Lucrece.

"Here we have dead animals," said he, "or pieces of meat: I expose them to the air in warm weather, and in a few days they are full of larvæ. You will tell me then that they have been produced by the dead flesh; but I place like substances, yet fresh, in a vase which I cover again with a thin gauze; not one larva will appear therein, although the dead substances putrefy in the same manner.

"It is therefore evident that the larvæ are not produced by the putrefaction of the meat, and that the cause of their formation is something which the gauze intercepts. But the gauze cannot intercept aeriform or fluid substances; and something should therefore exist in the form of solid pieces, too voluminous to pass through the gauze. And one has not

*Bulletin de Médecine et de Pharmacologie Dosimétriques Burgræviennes. Translated by Dr. Thos. Mathison, St. Louis, Mo.

long to seek what these solid pieces may be, for the meat-flies, attracted by the odor, assemble in great number around the vase and, impelled by a powerful though deceptive instinct, they deposit their eggs on the gauze from which the larvæ soon escape. One comes consequently to this inevitable conclusion: that the larvæ are not at all produced by the meat, but that the eggs from which they proceed are carried through the air by the flies."

It is seen that Rédi is explicit; to him, not the least doubt as to the epigenesis admitted by Harvey, from extension of that which takes place for large animals. He even admits two kinds of biogenerators: the egg and the bud, the latter even being able to produce living scurfs (*gales*), which was manifestly an error of observation, for the scurfs (*gales*) of certain vegetables, the oak, for instance, upon which he relied, are themselves excrescences due to punctures made by insects to therein deposit their eggs or larvæ. It is therefore as with the meat in a state of putrefaction.

For more than a century the hypothesis of biogenesis met with no contraditors. Applications of the microscope to anatomy in the hands of Crew, de Leuwenhoeck, Schwammerdam, Lyonnnet, Vallisnieri, Réaumur and other illustrious observers of that epoch, revealed an organization so complex in the most inferior and smallest forms, that biogenesis began to appear not alone false but absurd.

Toward the middle of the Eighteenth Century, Buffon and Needham advanced the theory of organic molecules. It is known that when one lets macerate any kind of vegetable substance, there is developed in water, primitively pure, myriads of infusoria. However, artificial heat destroys the vitality of the germs;

consequently, in letting the infusion boil, carefully cooking it, cementing the cork with wax, then heating the entire vase to 80 degrees centigrade, and then covering it with hot cinders, certainly all germs which it might contain will be destroyed. Consequently, in letting it cool off, no other germ can develop therein, whereas, if these animalcules do not arise from pre-existing germs, but are produced by the infusion itself, they will be seen to appear at the end of a little time. Needham found out that with the conditions under which these experiences were made, the animalcules always developed in the infusions, when the necessary time for their development had been permitted to pass.

These experiences came to the support of the theory of Buffon, with whom the English naturalist was associated during a great part of his work. According to Buffon life is an indestructible property of certain imperishable molecules, which are found in every living thing and which an inherent activity distinguishes from inanimate matter. Each living organism, in particular, is the result of their temporary combination; they occupy the same space therein that do the molecules of water in a cascade or a tornado, or in a mould into which a liquid is poured. The form of the organism is thus determined by the reaction with the conditions of the germs and the inherent activity of the organic molecules which compose it; and, in the same way that the interruption (*arrêt*) of a tornado does nothing but destroy the form of a thing and that the molecules of water conserve their inherent activity, in like manner that which we call the death or the putrefaction of an animal or plant is nothing but the dissolution of a form or kind of association of which the constituent organic molecules are liberated as infusorial animalcules.

It is seen that the doctrine of Buffon revived in full the doctrine of Lucretius sanctioned by Saint Paul. We here make this remark to prove that if religious or supernatural ideas divide men, natural or positive ideas reconcile them. However, between organic molecules and inert molecules, there was a difference. For Buffon and Needham, a piece of meat or a handful of bread is never dead in a limited sense. The beef is from dead beef, the bread from dead plant; but the organic molecules of the beef and of the plant are not dead, they are ready to manifest their vitality as soon as the animal or vegetal shroud (*linceul*) which imprisons them shall have been torn off by putrefaction and decomposition during exposure to air, or maceration in water. Evidently this is a subtleness of intellect, but it is not life born from death, as Saint Paul had said. It is therefore rather a xenogenesis than an abiogenesis.

The theory of Buffon and Needham was overthrown by a compatriot of Rêdi, Abbé Spallanzani. In fact, the first idea which should occur to one, is that, if in the experiments of Needham, the vase had been hermetically corked. The Italian naturalist proved that it had not, for when all precautions are taken to exclude the air, not one infusoria develops therein.

We are now at the time which will completely change biological and chemical sciences, that is, the discovery of oxygen first by Priestley and afterwards by Lavoisier. The question of the generation of infusorial animalcules also enters into a new phase, that is to say the influence of oxygen on the phenomenon of fermentation.

Schultze and Schwann again took up the question from this point of view in 1836 and 1837. The passage of air through glass tubes heated to redness,

or through concentrated sulphuric acid, does not change the proportions of oxygen which it contains, whereas it arrests and destroys all organic matter which it might contain. They consequently prepared apparatus by means of which the only air which could come in contact with a boiled infusion, would have passed through sulphuric acid. The result of their experiments was that an infusion treated in this manner, developed no living beings, whereas if the same infusion was afterwards exposed to the air, these beings would show themselves rapidly therein in great quantity. These experiences have been successively affirmed and contested; let us suppose, however, that they be admitted exact, all that could be inferred therefrom is that the treatment to which the air had been submitted had destroyed something essential to the development of life in the infusion; this something might be gaseous, fluid or solid, but if it consisted in germs, there was an hypothesis more or less probable.

We here reach the discovery of Cagniard de la Tour, discovery which proceeded to explain the phenomenon of fermentation. He observed that ordinary yeast is composed of a great mass of microscopic plants. The fermentation of wort in the making of beer is always accompanied by the development and rapid multiplication of these fungi (*torula cerevisiae*). In this manner fermentation was likened to the decomposition of an infusion of animal or vegetable substances, and it was observed that these organisms were, in some manner, the causes of the fermentation or the putrefaction.

Chemists, Berzelius and Liebig in advance (*en tete*) at first turned this idea into ridicule; but Helmholtz appeared to give it the support of his talent as observer.

He separated a liquid in fermentation or putrefaction from a liquid simply fermentescible or putrefiable by means of a membrane which permitted the fluids to pass from one compartment to the other to mix, but which arrested solid bodies in the passage. It resulted therefrom that the putrefiable or fermentescible liquids became impregnated with the products of the putrefaction or fermentation which had taken place on the other side of the membrane, and did not at all enter in putrefaction nor in fermentation, at all events in the usual manner, and that none of the organisms which abounded in the liquid in the state of putrefaction developed therein. Consequently the cause of the development of these organisms ought to be something which cannot pass through a membrane; and as the researches of Helmholtz were quite anterior to those of Graham on colloids, he reached this natural conclusion respecting it: that the agent thus intercepted ought to be a solid substance. In fact, that which develops from living beings in a fermentescible or putrefiable liquid at the same time, is neither a gas nor a diffusible liquid, consequently it ought to be a colloid or a solid substance divided into fragments of an extreme tenuity.

The reseaches of Schröder and of Dusch in 1854, and of Schröder Sarl, in 1859, cleared up the doubtful point of the experiences of Helmholtz, by experiences which are but those of Rédi improved upon. Physically, a pad of cotton wool is a cushion composed of several doublings of very thin gauze and of which the meshes are the more compact the more compressed the pad of cotton-wool is. Now, Schröder and Dusch saw that with the putrefiable substances of which they made use (milk and the yellow of egg excepted), in letting an infusion boil and not letting it come in

contact but with air filtered through a pad of cotton-wool, the infusion did not at all putrefy, nor did it ferment, nor did it produce living beings. One can hardly imagine that compact meshes of cotton have been able to arrest anything but small solid particles.

Nevertheless the evidence was incomplete, until it was proven in a positive manner that the surrounding air contains such particles and that the cotton arrests these particles, and permits nothing to pass through but air physically pure. This demonstration has been made by other experimenters amongst whom professor Tyndall; but it remained to be demonstrated that in these destructible particles, there exist really germs capable of developing living beings in a suitable medium.

We thus come to the researches of Pasteur. He filtered air through cotton-wool, as Schröder and Dusch had done, and found that it contained nothing which could give rise to living beings in the fluid eminently proper to their development. In the first place, he submitted to the microscope the cotton which had served as filter and there discovered the germ, easily recognizable in the middle of the solid particles retained by the cotton-wool. Secondly, he showed that these germs were capable of giving birth to living forms, when simply placing them in a medium favorable to their development. Finally, he demonstrated that the impotency or unfruitfulness of the filtered air does not arise from an occult change in constituent parts occasioned by its passage through the cotton-wool, since one can dispense with this latter and let exterior air in free communication with the wool under observation, but in such manner that the germs cannot enter therein. For that purpose, it suffices to draw out the neck of the bottle in the form of a tube and to bend

it downward; and if, after having made boil the liquid which is introduced therein, one raises sufficiently the tube to destroy the germs that the air might contain which enters into the vase when it becomes cool, the apparatus may be abandoned as long as one wishes, without any apparition of life manifesting itself in the liquid; but if the tube is broken in its horizontal position, the liquid will in a short time become troubled and full of life.

After all, without air, that is to say without oxygen, life is impossible, for small as well as for large animals (microbes and macrobes), likewise is the assistance of light and heat necessary. This returns to the general laws of physiology, and were it not demonstrated experimentally, one might admit it without in the least wounding sound reason or the laws of nature. To the experiences of M. Pasteur adverse experiences have been offered, but which do not in the least destroy the fact in itself. A philosopher has wished to prove movement in walking. M. Pasteur has proven the existence of microbes in demonstrating under what circumstances they develop themselves and others in which they do not.

And thus we have returned to the theory of monads; so true is it that science is a circle where the point of approach (*arrivee*) comes to rejoin the point of departure. But in that long series of years how many unknown facts have been brought to light! To the last, as is said, victory!

We have just recalled to mind the monads revived by the Greeks: in this manner is explained why certain germs are inoculable, others not, according to their degree of evolution, that is to say, that they are in the state of embryo or in the perfect state; why these microbes exist in all *contraminant* or contagious af-

fections, anthrax, typhus, purulent infection, diphtheria, etc.; and why hospitals, prisons, barracks badly kept are in some way the hot-beds of them; why these maladies disappear in cold, and reappear in warm and moist weather; why certain disinfectants neutralize them, etc.

Surgery has chiefly profited by this discovery, for septicemia has disappeared everywhere where precautions are taken. Therefore operations practised with every attention to asepsis never give rise to pyemia, especially if we are careful to combat traumatism by means of the alkaloids, strychnine, aconitine, veratrine, etc. We are able to speak from experience (*en connaissance de cause*), for before the introduction of these ameliorations we lost many operated upon and since said introduction our losses have been none.

Therefore all surgeons are indebted to that trinity, who bear the name: Davaine, Pasteur and Lister. It is the most graceful eulogy that we are able to give them.

It is seen from this rapid survey that there where one supposes death, life multiplies itself, on the contrary, seemingly to escape its extinction. It is the sacred fire of Vesta eternally renewed.

The action which microcosm exercises on macrocosm is parasitic in nature; the first disaggregates the chemical elements of the second, to appropriate them to itself, while at the same time evolving gases. It is the phenomenon of putrid fermentation. These proto-organisms have their proper existence, they are born and die, reproducing themselves incessantly. Their presence in superior organisms or macrocosms gives rise to grave fevers called miasmatic, because they are spread about (*se contracent*) by means of vitiated air.

In order to protect ourselves against these miasms, nature gives us the alka-

loids, the metallic salts and the metalloids, the rational employment of which constitutes dosimetric medicine.

Already known were the febrifuge properties of quinine and arsenious acid in intermittent fevers. It is this principle applied to all acute affections which constitutes the base of the dosimetric method, that is to say the jugulation of these by means of the alkaloids. All of these principles are excito-motors by their nature; they augment vital resistance, prevent paralysis of the vessels, which explains the success of their intervention in the treatment of diseases, which are nothing else but the conflict between the microbes and the sick person. It is why the support and the raising up again (*relevement*) of the vitality should always be the chief aim of the dosimetric physician, and why we have made of strychnine this lifter-up (*relevateur*) of the vitality, the battle-horse (*cheval de bataille*) of the practitioner of dosimetry. They often kill the microbe and, if they do not kill it, they doom it nevertheless to certain defeat in more seriously arming the economy against them.

We have been for a long time uncertain as to the nature of microbes; it was believed to be a chemical nature. Today it is known that they are the proto-organisms or microbes which fill up the ancient sphere, and from there precipitate themselves on superior organisms, which they seize upon and poison. In keeping the body saturated with alkaloids and arsenates one might almost say that one is imperishable, to such a degree is one qualified to repel the attacks of these inferior enemies. It is thereupon that we have founded our system of longevity.

Paris, France.

OBSTA PRINCIPIIS. "OPPOSE THE BEGINNINGS."

Notes from a Busy Life.

By J. D. O'BRIEN, M. D.



As a corollary from the physiological and therapeutic studies upon which I am now engaged, I assert that disease must have a beginning, some commencing, an abnormal departure from physiologic function. I report from memory one child falling out of the cradle, two boys thrown from a horse, one old ulcer on the arm, a neglected running ear in a child, a chronic ear affection in a man with deafness, all eventuating in fatal cases of cerebrospinal meningitis. These lesions of function and structure become a nidus for the morbid germ, developing a fearful malady in which death is the rule, imperfect convalescence an infrequent result, and perfect recovery a rare and happy exception.

One running ear, another diseased alveolus (after salivation), change the current of mild pertussis and develop fatal convulsions. My lamented friend Dr. J., in a cholera epidemic, ridicules the fears of the populace, buys and eats heartily of the unsalable cabbage, and is a corpse before night. A late luncheon of cheese, free indulgence in ice-cream before retiring, in two cases inaugurated gaseous distention of the stomach, heart-impairment from diaphragmatic elevation, obstructed arterial outflow by visceral engorgement, and death results from heart-failure, in hearts before normal.

The hearty dinner meal in many observed cases is followed by so-called "after-dinner apoplexy," really heart-obstruction from visceral engorgement. Two sturdy soldiers with impaired hearts sent from the front to hospital in a half-famished condition, partake freely from

a well-spread table and are reported on the dead-list next morning.

Two friends who never changed their clothes for a wetting, regarding their constitutions as waterproof, are caught in a shower and have fatal cases of pneumonia.

The familar opium and camphor mixture, administered carelessly, develops cases of severe opium poisoning. Perspiration suppressed by sitting in a draught develops in one case a fatal pneumonia, in the other a severe relapse of intestinal neuralgia. Two stout females partake freely, the one of oranges, the other of salt fish, and die speedily of recurring neuralgia of the stomach. Misapplied baths, close after meals, or imperfect reaction, cause severe convulsions in children. A corn bruised, with ossified arteries, injured toes with varicose veins, caused three fatal cases of senile gangrene. A falling trough on a boy's foot, a stick of wood on the arm of another, developed fatal tetanus.

This list could be indefinitely extended from memory, without further reference to infectious diseases, in which isolation and domestic quarantine of late years have proved admirably prophylactic. Time was when the physician's swab in diphtheria, applied first to the patient and afterwards to every other child suspected, caused veritable family epidemics. Two able medical friends of mine, some years since, while attending diphtheritic cases, lost each the little child with whom they slept, their other children escaping the disease. Now, no sensible physician will sleep with his child when attending severe infectious diseases.

In prison service during the war, the only cases of smallpox among the guards were those who stood somewhat aloof from their post by the gate, while patients on litters were carried out in the open air to the hospital. Two cases of

hydrophobia are reported, one personally to myself, by a neighbor, in which females with dresses torn by dogs not known to be mad, contracted the disease after biting off threads with their teeth, while repairing the rents.

The protean forms of uterine disease, almost a new malady, turned off perhaps too oft to the surgeon; the multiplying kidney diseases, recognized by more careful diagnosis and verified by multiplying post mortems, in number equal the heart-diseases induced by civilization; this latter crowding the lists of phthisis; are mainly due to lesions of nutrition with hematic congestions and degenerative products, arising from some "*a fronte*" obstructions in the rounds of the circulation. These develop under abnormal conditions and are often curable, when therapeutics and hygiene unite to correct abnormalities, to strengthen "weakened links," and to shift the load as far as practicable, onto stronger organs.

Dr. Holmes' humorous description of the Parson's "one-horse shay," which could never break down because each part was as strong as every other part, applies suggestively to the human constitution. We should aim at perfection, "*mens sana in sano corpore*." Let us mend the weakened links. These bacilli, observed, pictured, named and classified by the microscope, and cultivated with a view to their emasculation by antiseptics, their poisoning by other toxins or other friendly bacilli, we know but little about, having never caught any or seen any with our natural optics; but we recognize them as organic entities, entitled to most respectful consideration, worthy of quarantine, and regard their inroads as "*casus belli*." Accepting the evidence of the witnesses "*cum grano salis*" we fear them as "roaring lions going about seeking whom they may devour." The little boy, viewing the picture of the He-

brew children in the lions' den, had his sympathies mostly excited by one in the rear. He said: "That poor little lion couldn't get a bite!"

In the war on the bacillus let us guard well the outposts, shielding exposed localities, relieving congested centers which produce lesions of function, these antecedent lesions of structure.

Laytonsville, Ky.

ANOTHER FLY LARVA PARASITIC IN THE HUMAN INTESTINES.

By G. H. FRENCH.

Curator, Southern Normal University.



ABOUT the middle of August the writer received several larvæ from a physician in Indiana, that were taken from the bowels of one of his patients. One of the larvæ was full grown and in a few days changed to a pupa. On Monday, Oct. 1st, this hatched out the adult fly.

This is known to science as *Eristalis Tenax*, a fly about the size of a common horse bot-fly, and but for the difference in shape of the abdomen it looks a little like that insect. The body is black, but is rather thickly covered over the head and thorax with pale, dull yellow pile, or short hairs, so as to largely obscure the black. The first and second joints of the abdomen have each a dull orange band, broken in the middle, that is, however, rather obscure. The wings are clear except a little smokiness in the middle of the front margin.

The larva was nearly an inch long, with a slender tail more than half as long as the body. The color was dull bluish gray, about the color of mud.

I have had this larva before, from the bottom of muddy ponds or springs in which the fly breeds. Hence it is evident that this parasite is obtained from the drinking water used by this doctor's pa-

tient, and has adapted itself to its change of conditions. I should judge that when full grown it would leave the bowels of its host and pupate in the ground.

This insect belongs to the family *syrphidæ*, many of which feed on plant-lice in the larva state. Most of the family are bright-colored flies, green or black, banded with yellow.

Having known this group of flies for many years as beneficial in destroying plant-lice, it was a surprise to me to find this one a parasite. How long they had been such, in this case, the writer does not know.

Carbondale, Ill.

A SERMON.

THE THERAPEUTIC VALUE OF LOVE.

By HORATIO S. BREWER, M. D.



OH, the rarity of Christian charity under the sun! Behold how these brethren love one another. I am impressed to write under the above heading after listening to a tirade upon the different religions and different schools of medicine. No one school of medicine is the conservator of all knowledge. No one church possesses all the divine afflux. In fact we are constantly reminded how little there is of pure and unadulterated wisdom now in the world. Now if we love not our brother whom we have seen, how can we love God, whom we have not seen?

But some will question the existence of God. Shall we call these fools? The good book says they are, and scientific research aside from the internal evidence fully justifies the conclusion that there does exist a supreme cause, call it what we may.

If a man love God he will keep his commandments, and if he keeps the com-

mandments he is a good citizen. And one of the greatest and most essential commandments is to love one another. Love is the parent of all graces, the root of all excellence, the fountain of all knowledge, the standard of all judgment, the test of divine fellowship, the essence of all obedience, the substance of all truth, the realization of all blessings, the source of all life. The abiding God himself is love. Love is revealed in every part of the material world. It smiles in the sunlight, sparkles in the twinkling stars of night, drops in gentle rain from heaven, blooms in the matchless beauty of ten thousand flowers, gushes from nature's perennial springs, blushes in the opening morn and brings gladness to the heart of man.

When night around us her sable mantle spreads, love—infinite, almighty love—a constant vigil keeps, while nature's sweet restorer, balmy sleep, gives rest and repose to these weary, diseased bodies and care-burdened minds.

All things invite man to neighborly fellowship with man. They bid the nations sheath their swords and learn to war no more. All nature is diverse yet in harmony. There are no two human beings alike. They differ in mental compass, in intellectual acumen, in education and surroundings.

There are small and great, narrow and broad, shallow and profound, and yet it is possible for all to dwell together in harmony. But it must be through the action of love. The acorn sustains a relation to the oak, the germ to the plant, the rill to the brook, the brook to the river and the river to the sea. But anyone can see it would be impossible to put the oak in the acorn, the plant into the germ, the brook into the rill, the sea into the river. You cannot put the great within the small. Carried on to its logical sequence this immersion would dis-

rupt the harmony of heaven itself and produce the discord of hell.

But you ask, what am I driving at? and I will say that my contention is that love has more value in disease and sickness, in the relations of physicians and others to success in their calling, than all isms, all pathies, that have yet come to upset a man's brain and drive him crazy. A homeopath hates an allopath, an eclectic shrugs his shoulders at both, while Christian Science wraps about him the mantle of egoism, self-righteousness and gall, and holds in bitter contempt the learning and the revelations of all the ages. Behold how these brethren love one another! And the churches are just as bad and even worse.

Now it occurs to me that a School of Love should be established, where a post-graduate course could be taken, where the representative men of all isms, all pathies, could congregate and discuss their differences in all charity. If one has a much better and more noble idea than the others, let us know it. Stop this eternal, infernal, and idiotic drivell about pathies and isms, and consolidate on goodness, on facts, and love for the neighbor. Let us love one another; and if you doubt the existence of an all-loving God, this will reveal him to you. You cannot love God and hate your neighbor.

And who is your neighbor? I answer: "That allopath across the street; that homeopath up on the twentieth floor; that eclectic half way down the stairs; and that sublime egotist the Christian Scientist who resides nowhere; "for all true Christians love their neighbor," and all Christian Scientists hate their neighbor, more especially if that neighbor is a poor, hard-working medico.

Now my brethren, get the love of God in your hearts, or the love of your neighbor, for it amounts to the same thing;

and you will be a good man, hence a Godman, and that love will do more towards rescuing your patients from the ills of the flesh as well as of the skin, than all the pathies, all the isms, however well invented.

Give me a calm, a thankful heart
From every murmur free.
The blessings of thy grace impart
And make me live for thee.
Let the sweet hope that thou art mine
My life and death attend.
Thy presence through my journey shine
And crown my journey's end.

HORATIO S. BREWER, M. D.
Chicago, Ill.

—:O:—

Amen!—ED.

A NEW DEVICE FOR TOE-DRAG- GING AND TALIPES.

BY DR. B. E. JOSEPH.



O department of the healing art shows steadier progress than that exhibited in orthopedic surgery. The apparatus designed to obviate or conceal the effects of disease or injury of the locomotive structures of the body, is constantly being modified as new forms of maladies appear, or as closer approximations to nature are attained.

Nor is it by surgeons alone that the improvements are made. The persons who construct and fit the various appliances attain a higher degree of mechanical skill, and if they comprehend the anatomy and physiology of the parts to which they fit apparatus, they have the best opportunity to devise new means of meeting difficulties.

One of the most troublesome of these maladies is seen in persons who have but partially recovered from paralysis, some

of the muscles remaining weak, or quite powerless. In fact, it is sometimes easier to replace a lost member mechanically than to restore to usefulness and the resemblance of health a paralyzed one.

An ingenious gentleman associated with a prominent Chicago house dealing in surgical and orthopedic apparatus has invented an exceedingly simple and meritorious device to remedy the dragging of the toes of a paralyzed extremity. It is also of value in various forms of club-foot. This device is an ingeniously-constructed spring, which is adjusted to the outside of the brace at the ankle. In paralysis of the flexors with spastic extension of the toes, the anterior tibial and common extensor tendons stretched and the soleus and gastrocnemius, the tendo Achillis, contracted, there is a characteristic dragging of the toes. This appliance then is so adjusted as to raise the toes, depress the heel and maintain such an angle of the foot as will admit of its being lifted in a manner closely approximating the normal mechanism of walking.

In talipes equinus also, this device may be so applied as to raise the toes by aiding the flexors and antagonizing the powerful extensors, greatly facilitating normal locomotion. It not only relaxes the tendo Achillis but acts as a muscle for the paralyzed opposing muscles.

The spring is reversible, and hence is of equal applicability in the opposite conditions, paralysis of the calf muscles or talipes calcaneus, the foot being forcibly flexed, heel depressed, the toes projecting upward. Here the strong spring is utilized to antagonize the anterior tibial and the common flexors and aid the enfeebled soleus and gastrocnemius. The weaker muscles are supported and their action enhanced by this device, the physiologic equilibrium being thus restored be-

tween the antagonistic groups. Supporting straps are rendered unnecessary. Those who have made a special study of this subject have remarked that the motions of walking with the aid of this spring more closely approximate the normal standard than with any previous invention. The infirmity is thus cleverly concealed, while the natural force of the muscles is being restored. The device is nevertheless so simple that a child could comprehend its mode of working and adjust it to suit the various conditions requiring its aid.

The following are a few cases in which this device has been employed with uniformly good results:

Case: Mr. J. B. W., aet 41, paralytic stroke in 1881. Right limb atrophied and when he recovered sufficiently to be on his feet, had to raise the leg, exerting great effort, and swing it to keep toes from dragging.

Patient has worn this special appliance for several years with perfect satisfaction and is now wearing it.

There is no marked improvement to suggest any likelihood of cure, but by the use of this device Mr. W. is able to walk in a fairly satisfactory manner and his limb does not become tired from ordinary exertion in walking as it did previous to adjustment of the appliance.

Case: Miss M. B., aet 9, at four years of age was the subject of infantile paralysis. The right leg atrophied and the deformity simulated that of equinus. After wearing this appliance four years, could go without it, having recovered free action and control of the feet.

Case: Willie R., aet 11, talipes eq., heel drawn up one and three quarters inches. In this case, a double spring was applied one on either side of the ankle.

The relaxation of the tendo Achillis in this case was so great as to result in recovery without resorting to tenotomy.



In the accompanying cuts, the brace is shown with spring adjusted to raise the toes; also the appliance is shown not in use.

Case: Albert, 18 years old, walked on crutches since four years of age, right leg paralyzed. Put on brace extending to the thigh, with loops at knee to stiffen it when walking, and spring at ankle. He now walks with very little exertion and rides a bicycle. His limb has become stronger; he does not use a cane or crutch. He is at present 23 years old. Chicago.

ELIMINATION VERSUS THE ANTIPYRETICS.

By SAMUEL S. WALLIAN, A. M., M. D.



HE craze of the last decade has been microbephorbia and antipyresis. The modern Esculapius is helpless without his forty-rod germicide and his clinical thermometer. Without these he could

not distinguish between measles and melancholia. One of his prevailing delusions is that hyperpyrexia is the principal factor in all inflammatory and septic diseases. If he succeeds in subduing the fever, if he can lower the temperature, he feels that he is squelching the disease. There never was a more radical blunder. Fever is a symptom, a concomitant, a result; not a cause. To stifle it without removing its cause is to silence the signal gun of distress without succoring the foundering vessel. The ice-water treatment of typhoid is simply a method of fighting symptoms, water being a convenient medium for applying cold.

Before we can intelligently discuss any therapeutic measure or theory we must go back to first principles and agree upon a few fundamental definitions. The major portion of our medical literature is virtually based on the accepted but unwritten assumption that disease is an individual and veritable entity, a something endowed with volition and quite addicted to malice; a power that can attack and be attacked; that, in short, like the now obsolete idea of the devil, it goes about seeking whom it may devour. This conception of disease, born of the same superstition that once gave us actual pictures of a personal devil, has led us into labyrinths of therapeutic sophistry.

Disease is physiologic inharmony, disturbance of vital rhythm, induced, generally, by the presence in the organism of morbid, effete and incompatible elements. Fever is the frenzy of the vital forces struggling to eliminate and reject these dangerous elements. If our efforts to combat this symptom are so directed or of such a nature as to aid the vital forces in their effort, then they are helpful. To a certain limited extent cold suddenly applied stimulates the nervous

system and rouses it to a climax of eliminative effort. Hence its repute in the treatment of the fevers. It is better than idiotic "expectancy," but it is neither radical nor rational.

Probably no one who makes any pretension to professional knowledge now believes that disease really has any power of volition, that it "invades," "attacks," "lurks in wait," and cuts up all the other pranks that medical literature would have us believe; but there is no lack of phraseology to this effect. We continue to say, "he was attacked with pneumonia," "she succumbed to a severe onslaught of rheumatism," "the disease left the joints and attacked the heart," etc., etc.

This is pathologic gibberish, reminiscent of the dark ages, echoes from the age of demons and myth-gods. However, it would not matter about the language if our practice were not based on a philosophy that has not been much improved since the days of the conjurors and alchemists. Witness the frequent and seldom questioned assumption that the silencing of symptoms and the obtunding of sensibilities belong in the category of scientific medication!

When we can bring ourselves to practically admit that disease is not an evil demon, a roaring lion seeking some one to devour, that pathologic action is only disordered, excessive or deficient physiologic action, then we may undertake to formulate rational methods of cure.

Take the question of the therapeutic use of water. The medical journals and recent works on practice devote much space to a discussion of the value of the cold bath in all fevers and inflammations; but it is referred to only as a ready resource for lowering the temperature, never as a detergent and eliminator. If we could only sweep the cobwebs of microbephoria and apyrexia from the

medical skies it would greatly help to clear up the medical atmosphere.

Granted that Brand and Liebermeister, with their "strictly and exclusively cold-water" treatment reduced the mortality in all the acute fevers; so has the "expectant" method; has Woodbridge, so has grandma, with her boneset tea.

We know that in case of the ordinary forms of fever the organism or system is permeated with some form of morbid matter in various stages of putrefaction, and perhaps it is often a species of germination. Juggling with names does not alter the facts. The skin is the most extensive and effective single excretory organ of the body. On some portions of the body there are 3000 sweat glands to the square inch. The ordinary excretion through the skin, two pounds in weight, exceeds that by either the bowels or kidneys. This fact is trite enough, but constantly overlooked or underestimated. To be sure, we rely on these countless and ever ready floodgates in certain grave emergencies, as in uremia and some cases of blood-poisoning; but we forget them in the equally important and often equally critical disturbances that arise from other forms of disease. The "scientific" analysts of pathologic action agree in stating that exalted temperature and loss of water in the system are the two things to be combated. They insist that these two items constitute the principal elements of danger. What is more rational and feasible than to meet and correct both these conditions with water? With water the temperature can be safely and effectively reduced, and the lost fluid promptly replaced. There are two methods of reducing the temperature with water. The German authorities cited, their satellites and imitators, heroically resort to very cold water, even to ice-water. This is often called "hydriatic" treatment, or hydrop-

athy. The designation is unwarranted. It should be called by Hahnemann's nickname, "Allopathy," because it is a system of antagonism. With those of robust habit it works fairly well, because while it depresses the temperature by antagonizing it the emunctories are stimulated and elimination hastened. In so far as it ministers to and stimulates this function of the elimination from the system of the *materies morbi*, whether it be dead ptomaines or living germs—I sometimes think the question as to whether the latter are ever the actual aggressors or simply the concomitants of the former, the scavengers that promptly put in an appearance and miraculously multiply wherever dead or dying material is found—it is "curing" the disease by ejecting its cause.

The second method consists in a much freer use of hot water, both externally and internally. With a large class of patients, those who are more sensitive and susceptible than the more phlegmatic Germans, the ice-water-packs and spongings are not well borne. The shock is too great. Severe depression and even fatal results sometimes follow this over-heroic application of cold. In all debilitated cases—and most cases of fever are very soon debilitated—reaction is tardy, incomplete or wholly wanting.

The hot bath when intelligently managed proves quite as efficient in the matter of reducing the temperature as the direct application of cold. This seems contradictory but it is true, and is too easily demonstrated to call for further argument. It much more directly favors the depurative function, it does not shock the patient, and what is quite as important as any other item, it does not rob the already weakened system of vitality by unnaturally and too suddenly abstracting the normal body-heat that is essential to life at all times, at the same time

that it depresses the hyperpyrexia. This is a point to which no reference is made in the textbooks, but a moment's thought will convince us that it is an important one. In fact I do not recall a single authority of any note on fevers who advocates the substitution of the hot bath for the cold. Our modern "hydropathists" and "hydriatics" seem to have learned their lesson backwards. Much that they have been announcing as new was better taught more than half a century ago. No doubt they will "discover," during the next decade, many other things that were well-known, published, and in common use several generations back. It is amusing to read their announcements.

But the use of hot water should not be restricted to the bath. It must be freely ingested, both to replace the wasting fluids and to assist in cleansing and rendering aseptic the alimentary canal. In all the zymotic fevers this is a paramount object. It is this at which the Woodbridge treatment is aimed, and it is the harmless accomplishment of this on which the recovery of the patient depends. It is the septic condition of the alimentary canal that poisons the patient. Some of us are already aborting typhoid by the judicious use of intestinal antiseptics, and one of these days the physician who talks about the third and fourth weeks of his typhoid cases will be considered inexcusably stupid. To this end, that is intestinal antiseptics, hot water is our most important and most readily available adjunct. Free water-drinking, hot or cold as best suits the patient, free colonic flushings, in some cases cold, but generally tepid or hot, full and frequent hot baths, with the internal use of such antiseptics as have been found safe and useful—this is the treatment for fevers that never disappoints, and that will

bring down the mortality to a minimum not yet realized.

Marble Hill, N. Y.

THE JUGULATION OF ACUTE DISEASES.

BY W. L. COLEMAN, M. D.



I was fortunate for my recollection of the past, in which I suffer little regret and remorse on account of the errors and blunders inevitable in the life of everyone while a student in the stern school of experience, that I was very conservative in the outset of my professional career. This conservatism resulted from seeing during my student days the dire results from the abuse of the two chief medical agents used in the South, mercury and quinine. But, although conservative, I had too much faith in the power of medicine for good to be an "expectant," for to my mind a medical expectant is a most arrant quack and fraud.

But I must confess that as the years passed rapidly my faith in medicine grew weaker, as disappointment followed disappointment in expected results, till at the end of my thirty years I was ready to abandon the profession in disgust, when my attention was fortunately called to Dr. Burggraave's simple, yet exact and scientific, method of medication, Dosimetry; later and better named Alkalometry by Father Epstein. I seized upon it with joy and renewed interest in the healing art (which it has established upon the firm basis of a true science), for it was just what I wanted and had been vainly dreaming of in the years gone by; and in the study and practice of this truly wonderful and admirable method of cure, I found that the fault was in me and not in pure medical agents, which caused the disappointments of the past.

To illustrate and make this idea plainer: Although I had studied hard and long to discover how quinine cured and prevented malarial fevers, I failed to learn, as the celebrated Hahnemann did, in his experiments with this remedy in his own person, that it ceased to be a therapeutic and became a pathogenetic agent when pushed beyond its normal physiologic effects. While I always deprecated the use of those huge ten, fifteen and twenty grain doses of quinine every four to six hours, so frequently given in this region, yet I was slow to discover that my doses of two or three grains every two or three hours were entirely too much, and in some respects did as much harm as the former. In both instances the advocates of these large and small doses overlooked or utterly disregarded the legitimate normal physiologic effects of the remedy, and hence failed to obtain its best therapeutic results.

A short time before I adopted this method I was called to a bright, intelligent lad of eight years, suffering with the quotidian form of malarial fever. The second paroxysm had begun an hour before; the first, though serious, did not alarm the parents sufficiently to make them call me. I saw at once this promised to be a serious if not fatal case, as some symptoms of the pernicious form were beginning to appear. Prescribing the customary course of broken doses of calomel, with a mixture of aconite and veratrum in spirits *mindererus*, I promised to watch the case closely, as their residence adjoined my office.

At noon the situation was so grave that I asked for help, and one of the leading physicians of the city, who was also an old personal friend, was hastily summoned; who saw at a glance the danger, and the necessity for prompt and vigorous measures. He suggested twenty

grains of quinine at once, to be repeated every six hours, although the patient was delirious, with a pulse of 140 per minute and temperature 105 deg. I demurred a little, but his arguments were so plausible and his confidence so great from past successful experience that I yielded, and the dose was immediately administered, everything else being suspended except external applications of ice to the head and hot pediluvia.

At six p. m. I found the pulse and temperature greatly reduced, with a moist skin, and did not hesitate to administer the second dose of twenty grains. But being so convenient I saw him again at midnight and, finding him in such a favorable condition, conscious, with pulse and temperature nearly normal and nervous symptoms greatly allayed, I ordered the dose for that hour omitted, with instructions to let him sleep and give nothing more till I saw him next morning.

I found him at eight a. m. perfectly rational and quiet, with a normal pulse and temperature and inclined to sleep. So, as I could see no indication for interference, I let my conservatism still rule, and instructed his parents to keep the house perfectly quiet and not let him be disturbed till my return from my morning round, which would be in two hours. In half an hour after my departure my friend, the consulting physician, called unexpectedly to me and the family, and after expressing satisfaction at the patient's improved condition, he ordered twenty grains of quinine to be given immediately, saying it was imperatively necessary for his recovery, in order to prevent the third paroxysm, although it was then nearly two hours past the time for the recurrence; that the risk was too great to wait for my return, when it would be entirely too late; and so the dose was reluctantly administered.

Upon my return I was dumbfounded to find my patient with a raging, burning fever, delirious, and so wild and restless as scarcely to be restrained in bed; and after learning what had occurred, it was with the greatest difficulty I restrained myself from uttering the unprofessional exclamation: "Yes, and he has turned the scale and sealed the doom of your poor boy." But I refrained, simply remarking: "There is no hope now and your child is beyond the power of medicine to save;" upon which the parents clamored for other physicians. I said: "Call a dozen or as many as you can get. Possibly someone may make a suggestion that will aid us in the struggle against death."

But ere a messenger could leave the house general convulsions seized upon that fever-scorched frame, and followed each other in such quick succession that death soon closed the scene. And I claim that it was the direct result of that dose of quinine. At the time the first was given there was a condition of such nervous excitement, with increased temperature and the rapidity of circulation in the organism, that it acted as a direct and powerful sedative and antipyretic, with scarcely a symptom of its usual physiologic effects visible. But in the relaxed and prostrated state of the system, and its lowered vital energies, existing when the last dose was administered, it acted as a violent irritant and excitant, speedily arousing a tumultuous functional hubbub throughout the organism, and becoming, as Hahnemann clearly demonstrated, a pathogenetic or fever-producing agent, in consequence of the excessive physiologic action, which I think may be rightly termed its toxic or death-producing effect.

This is but one of the dire effects of the abuse of one of our most useful remedial agents from excessive doses. But

that justly celebrated and progressive physician, Hahnemann, for whom I have always felt a warm admiration, went as much too far the other way, and through his dilutions and attenuations into infinitesimals, pushed his medicaments into the realms of mysticism, and so became the Father of "Mythical Medicaments;" although Burggraave, who was his contemporary in his latter days, lays the blame upon his followers of pushing his theory and method into such extremes—far beyond the limits he contemplated; and says that he thinks that if he, Hahnemann, had lived long enough he would have been the author and founder of Dosimetry.

But be that as it may, I am greatly indebted to Hahnemann for a more intelligible, accurate and practical knowledge of therapeutics than I ever obtained from any other source; and I say, "Mythical Medicaments," with all due respect for his memory and regard for the large and intelligent body of his followers to be found everywhere. But as I have never seen any positive proof that their preparations are capable of producing either therapeutic or physiologic effects, and as the most delicate chemical test fails to reveal the presence of a given agent in any preparation bearing its name, I am forced to the conclusion that the original agents are either totally eliminated in their peculiar and exact methods of preparation, or else resolved into the original, imponderable, invisible and all-pervading ether. But as this has proven to be very matter, occupying the position of the extreme limit of attenuation in which matter can exist, and as it can also be proven to be the most powerful agent under certain conditions in the material universe, it is possible that these same "Mythical Medicaments" possess a potency which is beyond my feeble capacity to grasp and comprehend.

However, as we have to deal principally with a material body, I prefer to have more tangible weapons in the conflict with disease, and Alkalometry furnishes arms of precision which, though so powerful as to amaze and horrify our brethren of the M. M., are yet so exact in dosage and so certain and unvarying in their action and effects, that a competent therapist can administer them so as to produce any desired amount of therapeutic and physiological effect, with no fear or risk whatever of injuring his patient, or of increasing the existing discomfort from the disease by excessive drug-action.

The increased knowledge of therapeutics obtained in my later years from the teachings of Hahnemann and Burggraeve almost completely revolutionized my previous ideas of the medical art, for I hold that it was not truly a science till made so by those two master minds. It gave me a clearer insight into, and a better understanding of, the nature and cause of disease generally; and compelled me to disavow and reject many time-honored opinions and conclusions which I had religiously cherished in regard to the common and well-known acute diseases most frequently encountered by the general practitioner.

In none was my change of opinions greater than in that vexatious disease, the cause of so much disagreement and controversy in the profession, which has been steadily on the increase during the last quarter of the century. I refer to that fever of many names, the two most commonly used being "Typho-Malaria" and "Slow Fever." As the author of the compound name, typho-malaria, did not hesitate to repudiate it when, after many careful post mortems, he found no pathological conditions that were pathognomonic of either disease, typhoid or malarial fever, and tracing no relation-

ship between them, he declared the name a misnomer that expressed no true idea of the nature of the disease; so I, though slow to see the error of my ways, do not hesitate to repudiate several opinions long held by me in regard to it. Among these the two principal ones are: First, that it was a cyclic disease, having a certain course to run; and, second, that it was simply the old bilious remittent fever of fifty years ago, protracted and made slow and continued by over-medication. Dosimetry quickly exploded the first, for I soon learned that it could be easily jugulated and cut short by that method; but I held to the second till recently, regardless of the positive proof adduced by post mortems that it was in no sense or way of malarial origin.

The mode and the means by which I successfully jugulated it finally set me to thinking, and after patient study and investigation it dawned upon my dull brain that it was a neurasthenic fever, pure and simple, caused by some occult devitalizing and depressing agency in the patient's environment, aided and abetted by his violations of the laws of life as a result of the higher civilization of the age. I know this will be combated by the germ-theorists and bacteriologists of the day, but a calm, dispassionate and unprejudiced survey of the history of this disease and of everything connected with it, will show a large preponderance of facts and arguments sustaining this view; but which it is not necessary, for the object in view, for one to particularize at this time.

And so I will content myself by only saying that the agents by which it is so easily jugulated are nervo-vital incitants, exact, positive and unvarying in their effects when they are judiciously administered, and that they thus furnish incontrovertible proof of its neurasthenic origin and nature; and that these same

reliable agents will also become nervo-vital irritants and excitants, when injudiciously administered without due regard to their proper physiologic effects, and thus by adding to and increasing the *debilitas nervosa* or neurasthenia of the fever already existing, they keep up the fire and prolong the disease indefinitely.

Patients who recover under such mal-administration and abuse of remedies do so in spite of the disease and the doctor combined, through a naturally strong and unimpaired constitution.

I have observed that the first remark of doctors to patients in the first stage of this disease is universally the same: "Well, you are in for a four to six weeks' fever, so you had better go to a hospital where you can be better cared for and treated, and make up your mind to patiently endure what cannot be cured." One made this identical remark to my little daughter, in 1898, at Omaha, where she had just arrived with her husband, suffering with a fever of three days' duration. But she was too great a believer in the efficacy of Dosimetry to jugulate a fever to take such advice, so taking a fast train for Chicago, upon their arrival she put him to bed at his brother's, and struck for my esteemed friend, Dr. Abbott, of THE CLINIC, one of whose prescriptions broke that fever in thirty-six hours. They were able to return home in less than a week, a little jaded and tired by the trip, but well in every other respect, which would not have been the case had he gone to that Omaha hospital.

Looking over the subject now in the light afforded by the experience of long years of patient, anxious observations by the bedside, I am unable to see the necessity for the physician's daily attendance upon such cases, which he candidly admits he has no power to control or abridge. Yet I held exactly the same

opinion and pursued the same course for nearly thirty years, but whenever in any particularly serious case the disease finally exhausted itself, and the vital powers triumphed, bringing the patient slowly back to health and strength, and my praises were sung in connection with a handsome fee, I could not banish the thought from my mind that it was all wholly undeserved; for in the honesty and candor of my heart I could not see wherein I had accomplished a single positive result, or had been of any perceptible benefit to the patient, in my daily visits for six or eight weeks. Still such is human nature, to praise the bridge that carries us over safely, and I received far more praise for skill and success in those days than has been accorded me for far better work during my fifteen years of dosimetric practice, in which I have never permitted a case to last longer than ten days, and am perfectly certain that I saved many a laborer, not only from the suffering and danger but also from the loss of one to six weeks' time, a thing of vital importance to every man with a family dependent upon his daily labor for subsistence.

The failure to recognize such valuable services is very discouraging to the honest, conscientious physician, and I feel sorry for my dosimetric brethren who are still in harness. But let me say, don't be disheartened, for I am confident that preventive and jugulative medicine will soon be accorded their rightful places in the minds of the profession and the public at large, so that the schools will be compelled by force of general opinion to recognize and teach them. And I believe that the man who has patiently investigated and thoroughly learned and understands the cause and nature of acute diseases generally, and has familiarized himself perfectly with the exact and unvarying therapeutic and

physiologic action and effects of his arms of precision, and become expert in rifle-practice in therapeutics, will be the one sought after; for he will then be able to do what the true physician was never able to do until the advent of this method, and which has been considered unprofessional heretofore, that is, to "guarantee a cure."

I cannot see why this has always been regarded as unethical and unprofessional in the regular and true physician, unless it was because he was unable to make such a guarantee good with the old crude and unreliable Galenic preparations. But when a physician has such confidence in his skill and ability from past experience, and in the uniform certainty and reliability of his weapons, to accomplish a certain given therapeutic and physiologic result, I cannot see the justice of debarring him from making such a guarantee.

And this is one of the positive things I am prepared to say in regard to this disease, "slow fever," based upon my uniform success in jugulating it by this method. I not only guarantee to do this in every case of pure, uncomplicated "slow fever" when seen in time, but stand ready to demonstrate to the profession, beyond all doubt, the truth of this assertion and my ability to accomplish the feat easily, by taking charge of twenty, thirty, forty or any other definite number of cases of this disease, carefully selected and diagnosed by a committee of competent physicians, placed in a well-regulated hospital, with competent and reliable nurses upon whom I can depend to carry out my instructions faithfully. And I will guarantee to discharge them all convalescent within ten days from the commencement of the fever in each case, provided I see them and institute treatment within the first three days of the fever.

Now, although I am superannuated and out of the active profession, I do not in stating the above proposition mean to do or say anything derogatory to the noble profession of medicine, or act unprofessionally myself; but truth is truth, from whatever source it springs, and what I have stated as to the power and ability which Dosimetry confers upon the physician to jugulate acute diseases in the dynamic stage, are unvarnished truths and irrefutable facts, which I can plainly demonstrate to the perfect satisfaction of any unprejudiced mind. This would be no untried or uncertain experiment, and the patients need have no fear of being injured by medicine or from a lack of legitimate scientific treatment.

I intended to close with my treatment of this disease, but this paper is so long now that it will occupy more of the CLINIC's valuable space than it deserves, so I will postpone it till the next, when I will be able to give a more detailed account of it than I could do now; together with the alkaloidal treatment of smallpox, which is attracting so much attention and causing so much controversy at this time, by reason of its unusual prevalence throughout the South for the past two years. This horrid disease, as do all the eruptive fevers, affords clear and positive proof of the action of the alkaloids in the jugulation of acute diseases, and it would afford me intense satisfaction to have an opportunity to demonstrate this efficacy in the same way as proposed for "slow fever."

Such is my faith and confidence in the absolute certainty of this method of cure, that if I were not immune I would not hesitate in the interest of scientific medication to be inoculated with the virus of smallpox, feeling assured that I would run no risk of death or disfigurement; provided I could have this treatment

administered properly and faithfully, from the hour of inoculation, for it would not do to await the development of the initial fever, as the evolution of the disease would be more rapid than when contracted in the usual manner.

When treatment is instituted on the first day of the initial fever in ordinary cases, the fever and suffering incident to that stage are greatly mitigated; and the eruption makes its appearance at the usual period, the evening of the third or the morning of the fourth day, in red, flea-bite looking points, but goes no further, never becoming pimples or vesicles, and consequently never pustular. Hence pitting cannot result, and about the eighth day, when secondary fever usually occurs and the danger is greatest, the patient is practically convalescent and desquamation nearly complete.

But I will close, leaving further discussion of the subject till my next.

Huntsville, Texas.

THE TREATMENT OF DIPHTHERIA; WITH CLINICAL REPORTS.

By EUGENE C. UNDERWOOD, M. D.
Surgeon B. & O. R. R.



STEPHENS voices the intelligent and practical element of the profession when he says "diphtheria is prone to attack unhealthy mucous membrane," and that all inflammations of the throat should receive early attention. Especially is this important when diphtheria is prevalent.

Before taking up the prophylactic and local treatment of diphtheria let us dispose of the indications for constitutional treatment. That iron renders valuable aid in this affection, there can be no reasonable doubt. It is best given in the following prescription: R. tinct., ferri chlo. drachms 2; glycerin drachms 6; water q.

s. ad oz. 4. Mix. Direct: Teaspoonful every hour to a child four years old. The heart must be watched closely. When the pulse volume shows cardiac weakness we should begin with regular doses of whisky or some other alcoholic. I continue the stimulants until the patient is far advanced toward recovery.

The value of antitoxin and the importance of giving it cannot be doubted by one who has read the reports of conscientious observers who have tested it clinically. The conscientious investigation carried out by the American Pediatric Society has shown that the mortality when antitoxin is used is less than 12.3 per cent; this percentage obtained after its employment in 5794 cases. I think this an argument which is sufficient to convince any fair man.

When I see a patient ill of diphtheria I give it an injection of one thousand units of antitoxin. If there is no steady improvement on the following day fifteen hundred or two thousand units may be employed, and this may be repeated on the third day if need be. When improvement follows the first injection, as is the rule, we can use our judgment as to how often and the number of units to be employed.

The employment of iron and antitoxin and the regular administration of alcoholics comprise the resources which I consider fitting and ample in most cases of diphtheria. If any special indication for treatment arises it must be treated.

These means, however, comprise only internal medication, and do not refer of course, to local and prophylactic measures which are of the greatest importance.

As a prophylactic I rely largely upon the Vapo-Cresolene lamp. This I am sure is destructive to the bacilli, and in many cases where it was employed other cases failed to develop among the other

children. Vapo-Cresolene is antiseptic and fatal to germ life and its action in overcoming inflammation of the mucous membranes of the throat and bronchial tubes cannot be over-estimated. By having one of these lamps to burn in the sick-room, the patient makes more rapid improvement, and the cases progress more rapidly at all times. I may add that nothing serves as a better preventive of diphtheria than Vapo-Cresolene. It is the best thing to have this lamp burn in the sleeping-rooms of all children who have colds, sore throat and diseases of this character, as often nothing else will be necessary to bring about a cure.

As a means of overcoming the local inflammation in the throat, and keeping the parts antiseptic, nothing is better than regular sprays of peroxide of hydrogen diluted with an equal part of water. This should be sprayed every one or two hours according to the severity of the case.

The following are a few clinical histories taken from my notes. Freddie S——; aged 12 months, had a sore throat which had increased in severity. When seen first the diphtheritic membrane could be seen in spots.

Iron was begun and stimulants were given with regularity. One thousand units of antitoxin were given at once.

The Vapo-Cresolene lamp was constantly employed.

The following day all the symptoms were improved and no further employment was made of antitoxin. The child only took iron, stimulants, peroxide sprays and breathed vapor of the Vapo-Cresolene lamp. It was discharged cured in one week.

Sallie M——, aged 14 months, had marked formations of diphtheritic membrane. She took in all two injections of antitoxin and received iron, peroxide sprays and lived in a room which was

filled with the fumes of the Vapo-Cresolene lamp.

This child made a prompt recovery which occupied eight days.

Nannie L——, aged 15 months. Very sore throat well covered with diphtheritic membrane. Antitoxin used every day for three days. Iron and stimulants were taken internally. Sprays of dilute peroxide of hydrogen were used every two hours and the Vapo-Cresolene lamp burned in the room constantly.

Improvement was manifest on the fourth day and the patient was discharged cured ten days from the date of my first visit.

Louisville, Ky.

PRACTICAL HINTS FROM DAILY EXPERIENCE.*

By W. C. ABBOTT, M. D.

THE PREPARTUM AND DELIVERY BINDER.



WE ALL know about the use, the misuse, the usefulness and the utter lack of usefulness of the postpartum binder, but little has ever been said on the use of the binder before or during delivery. The postpartum binder is all right in its place, and its place is to comfort and support the woman, to relieve her from the feeling of all-goneness and shakiness which so often follows delivery. If the woman is more comfortable with it, use it; fit it down good and nice and snug and let her wear it as long as she is better for it. If she is more comfortable without it do not insist on it, because it never did anybody any good, never added one whit to the shape or form of any woman after delivery, or benefited her in any way excepting as noted above.

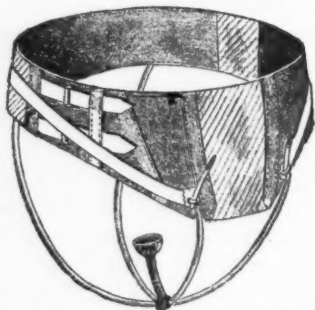
But I started in to tell you about the use of the bandage before and during delivery. Every parturient woman, or so

*These notes will continue at intervals during the year as a "filler" to this department. I hope they will serve their purpose, and at the same time be interesting and instructive.

nearly every one that it is the exception which proves the rule, profits by the use during the latter months of pregnancy of an abdominal supporter. This supporter should be light, adjustable, comfortable at all times, and not too expensive. It should come low down in front and give the woman the restful feeling that is obtained by lifting her own abdomen in the palms of her own clasped hands, therefore must be adjustable from below up and back.

There are many supporters on the market, tending no doubt to accomplish this same result, but few of them do it. The full elastic supporters are objectionable from the fact that they keep up a constant unrelenting pressure. What is needed is a fixed support with elasticity, so that there is a give every time the abdomen moves upward or downward, or in any other direction, but the support is better to be practically fixed when the abdomen is at rest.

To accomplish this I have been using, with much satisfaction, a supporter made



after the pattern shown in the cut accompanying. This supporter is called by the manufacturer, Frank S. Betz & Co., the Dr. W. C. Abbott supporter. It will be noted that it can be used not only as an abdominal supporter but a combined abdominal and uterine supporter in case of uterine prolapsus. In the cut it is shown fitted for simple prolapsus.

The usual forms of cups for retro- and anteversion are of course supplied by the manufacturer on order. This supporter meets every indication and is at the same time inexpensive, selling to the doctor for \$2.00; fitted for uterine support, \$2.50.

But to return to the bandage for use during delivery: There is a large class of cases which for various reasons progress slowly during the second stage of labor, cases in which the uterus stays high up and while the cervix is dilated or dilatable does not descend and the child does not progress in delivery as it should. The use of the hand and arm of the muscular attendant will help this, but it is tiresome and hard on the doctor and not grateful to the patient who always objects, or at least wants to. This objection, however, is on account of the sensation produced by the beginning of pressure, and if the pressure is sustained continuously it gives a grateful sensation. This led me years ago to substitute for the hand and arm of the doctor a large, broad, strong bandage, quite often of Turkish or jack toweling, or whatever else is handy by and strong. The patient as a rule objects sharply when the bandage is first applied, but in five minutes will tell you "Oh, that feels better," and you will observe that under the steady pressure the uterus begins to descend and during the following labor pains, which will be stronger and nearer together, progress will be more pronounced, often going on rapidly and pleasantly to complete natural delivery. If a forceps delivery is unavoidable the bandage will, as a rule, change a high forceps-delivery to a low operation, which is much more convenient and agreeable. A marked case of the necessity and the beneficial results obtained with this binder as supplied, occurring two nights

ago, impels me to thus ramblingly bring it to the attention of CLINIC readers.

While emphasizing the importance of the delivery binder, I would also emphasize the exceeding importance of proper abdominal support during the two to four months preceding delivery.

Cases that require the bandage treatment during labor also profit by the use of large doses of strychnine. On the whole I like a large dose of strychnine better than quinine, but a large dose of quinine will answer if the strychnine is not at hand. If there is delay in dilatation, or marked irritability of the cervix, you will not of course forget my repeated suggestion of the beneficial effects of hyoscyamine, especially as combined with the large dose of strychnine above mentioned. This is along the line of specific therapeutics and it is right.

FURUNCULOSIS: CALCIUM SULPHIDE.

I want to quote some paragraphs from private correspondence with one of our good friends who wrote me personally, some months ago, in reference to calcium sulphide. The good doctor says: "I have used your calcium sulphide with splendid effect until I ordered this last lot of 1000 1-grain tablets, from which I have given with absolutely no effect to a nine-year-old child suffering from furunculosis. Can you suggest anything else? Although this was a black eye for calcium sulphide my faith in the drug did not waver. Therefore I suggested to the doctor to continue its use, to insist on the taking of a full glass of water with the drug at 10 a. m., 3 p. m. and bedtime, and to put the patient on a purely vegetable diet, with a big heaping teaspoonful of Saline Laxative in half or two-thirds of a glass of water every morning or sufficient to keep the bowels clean, and sent a bottle of granules, gr. 1-6, with which to continue the treatment, this for the always better effect of the di-

vided dose, for more ready solubility, and prompter absorption.

Not hearing from the doctor, and being anxious to find out just what came of the case, I wrote him again after three weeks and along with an apology for not having written me about the case comes the following: "The granules of calcium sulphide you sent, given between meals, with the daily doses of Saline, did the business. I think now that my mistake was in not using the Saline Laxative. I guess the calcium sulphide is O. K. I am a user of both calcium sulphide and Saline Laxative now and shall continue to use them.

"I thought when I first began to use the alkaloids that the story about aborting pneumonia was all bosh. After a while I had a severe broncho-pneumonia in a ten-month-old baby; had an older doctor see it the second day and he (his experience must have been bad) said the baby had not one chance in a hundred to get well. Strychnine and aconitine persistently used, with codeine and pilocarpine for the cough and occasionally digitalin, brought the boy out of danger in thirty-six hours and he was practically well in three days. I believe the story now, for I have proven it true more than once."

I know that you will be glad to learn of our brother's success in treating this case of furunculosis and I believe that the idea of the necessity of elimination, cleaning up and keeping clean, which I have talked about so much, will be through this experience more firmly fixed in your minds than ever and I also believe that you with me will feel grateful to him for his tribute to Alkalometry in the handling of pneumonia and other conditions of this character. THE CLINIC is always glad to make helpful suggestions and naturally likes to know what comes of them, so do not wait to be asked.

Chicago, Ill.

Miscellaneous Articles

THE FEE QUESTION.

The Triple Arsenates are very welcome to my outfit, and I want a supply. I have been using the separate granules in somewhat the same combination, but of course the ready compound granules are much more convenient.

The Saline Laxative and the W-A Intestinal Antiseptic used where indicated, are without their equals in the treatment of digestive troubles. They have given me a big reputation all over the countryside, for a "crack" physician in typhoid. My record is: All cases well within ten days, or at most two weeks; no relapses, and no deaths. That's pretty good, is it not?

In the November CLINIC, page 890, you want to know what we find best in regard to Dr. Cope's suggestion as to collecting fees. Of course we physicians only reap now what we have sown, in the matter of being robbed right and left by dead-beats and other thieves. We have been careless in a business way from time immemorial, and have educated the people into thinking that a physician who sends in his bill before a year has passed, or who insists on having said bill paid, is not a good physician. Again, we have always been quite too ready to give discounts, and to UNDERSELL each other, for it amounts to that. If it were possible for all physicians to

stick to a certain established fee-list, things might get better, but let a fee-list be drawn up, and within two months half the physicians who signed it will lower their rates again in order to draw business. I know what I am talking about, from sad experience.

But, on the other hand, the fault lies somewhat with the daily press. It is the avowed object of the latter not only to furnish news but also to educate the people. Well then, let them do it. About a year ago I saw an excellent article in the *Ladies' Home Journal* on physicians' fees. It was written in a masterly manner and set forth the wrongs of the profession clearly and truly. I translated the article into German, and my translation appeared in the *Beobachter*, a weekly German paper published in Chicago. So far so good. On the principle that a truth must be dinned into people's ears again and again, I wrote an article myself, entitled *Suum cuique, a preachment on paying the doctor*; and sent it to a little monthly, calling itself "A periodical of protest," and read by thinking people over the continent. It was rejected. Then I sent it to the *Sunday Tribune*, in Chicago, asking the editor to print it, and enclosing return postage in case of rejection. That was the last I have seen of the article. I do not know whether

it appeared, but do not think so, nor have I received my copy back. The point I want to make is this: The daily press ought to take an interest in this matter, and ought to be willing to print what good articles may be submitted to them on the subject. Thus they will assist in righting a wrong which is now being done to a very important branch of the population; for what would people do, after all, without us?

As far as direct action goes, all we can do is to refuse to see patients who are diagnosed dead-beats. I have a few such here, and the other day I refused to answer a call from one of them. The nearest physician from here followed suit, and the fellow had to send eight miles for help. The last attendant has since found out the besetting sin of his client, and will not come again. That is an encouraging case, but such do not happen very frequently; and I am sixty dollars out on the affair, not a small item to me, for I have not stolen either my knowledge, my medicines, nor my time.

The important point is to be firm. Let the dead-beats know that they cannot get services without money, and let the public opinion be educated into seeing the matter from the physician's point of view, and we may hope, in course of time, to conquer. Public Opinion in general believes in fair play. That is a characteristic of the Anglo-Saxon race, and if only the questions involved are explained properly and clearly, the said Public Opinion will surely be with the medical profession.

There, I think I have had the floor long enough. Let the Chair recognize someone else.

With every good wish, very sincerely yours.

H. J. ACHARD, M. D.

—:o:—

I am positive that you will find this Triple Arsenates formula very satisfac-

tory. I am finding it so and am using it in large quantity. With the W-A Intestinal Antiseptic, Saline Laxative and tonics as needed, and proper diet, not one in a thousand cases of typhoid fever should die, and the great majority should be well within ten days, as you say.

I am glad this fee business is being agitated. I suffered from the dead-beat canker for lo! these many years, and well know how it eats the doctor's heart out. And the worst of it is, it's all our own fault. I knew a doctor in Philadelphia, not much of a doctor, either, but when called to see a patient, his first question invariably was: "Where's my fee?" If the fee were not forthcoming he would glance about the room and say: "These your friends? Nice-looking people. I guess one of them will lend you the \$2.00. If they who know you won't trust you for that much, you cannot expect me, a stranger, to do so." And he took his hat and left.

And how did he stand in the estimation of the community?

Strictly on the top! If anyone were very ill, he was the one they wanted, if the fee could be raised at all—if not, they sent for someone else.

Of course, it's hard on the family to pay a doctor when the money means work these cool fall days, when rabbit hunting is so good; and there are so many things a fellow would rather do with his money. Fact is, government ought to pay the doctors.—Ed.

SANGUIFERRIN.

The best test of any drug or preparation is in the results obtained from its use. To the practical physician a report of the benefits from the exhibition of any therapeutic measure is far more appealing and lasting in its impression than its theory.

So without further preliminary I append herewith some clinical reports, compiled from a large number of cases, on the use of Sanguiferrin. I give but briefly a variety of these cases, to show the utility of this splendid preparation.

Case 1: Jessie Y., aged 16, chlorosis, a very stubborn case, had been under several physicians but seemed gradually to get paler and thinner. Her skin had the characteristic appearance of this disease. Under the microscope the red corpuscles had not diminished to any great extent, but were poor in hemoglobin. Gave her a tablespoonful of Sanguiferrin three times a day. There was a decided improvement at the end of two weeks. She was kept on this treatment for two months longer, and became perfectly well, a reconstructed girl.

Case 2: Florence B., aged 32, single, malady diagnosed as nervous prostration by physician preceding me, and I concurred in this. Sanguiferrin in tablespoonful doses, three times a day for four weeks, enabled her to get up and about, and return to the office where she was employed.

Case 3: Baby G., aged two, rickets, weak and deformed, couldn't stand alone. What little nourishment it took seemed useless. Was gradually losing. Gave teaspoonful Sanguiferrin three times a day for six weeks, when the baby had gained three pounds. It gradually improved under this regimen until I lost sight of the case.

Case 4: Mrs. E., was called to this patient about two weeks after an abortion, in which there had been intense and continued flooding. There was no bleeding at the time I was called, but the loss of blood had been so great that her life was despaired of. After injecting two quarts of normal salt solution under the skin, I placed her on Sanguiferrin, a tablespoonful every four hours. There

was an improvement in her case in a remarkably short time. She soon recovered entirely and is perfectly well to-day.

This case proved to me the efficacy of Sanguiferrin as a food and a blood-builder, and in many similar conditions I have used it. In all weakness due to loss of or impoverished blood Sanguiferrin is strongly indicated.

Case 5: Joe B., aged 10, typhoid fever. After the fever had been normal for some time, and the time for convalescence at hand, he did not improve as I had hoped, but remained too weak to sit up; had no appetite, and was apparently getting weaker. I placed him on Sanguiferrin, with most gratifying results. After a week's use of it he began to get stronger and in a short while was out with his playmates.

Case 6: Edna V., aged 20, after going the rounds of the quacks this girl came to me for examination. She was pale and thin, losing flesh continually, with a slight fever. There was a decided hard, non-fluctuating abdominal tumor, which I could not clearly diagnose. An operation was decided upon and performed. The incision reaching peritoneum it was disclosed, dotted with tubercles. The intestines were bound down by adhesions from the same cause. There was considerable ascites. The abdominal cavity was washed out with weak salt solution, a drainage tube inserted and the incision closed. After the patient had rallied from the operation she was placed on Sanguiferrin and began immediately to improve. Remarkable to relate, she is to all appearances well to-day, two years since the operation, and has gained very much in weight.

Case 7: Mr. S., came to me August 15, 1900. I found no apparent cause for his "run-down" condition, as he termed it. He had a poor appetite, but all of his

functional organism was normal. It was one of those cases, for want of a better term, that the profession designate as "general debility." I placed him on Sanguiferrin for a period of four weeks, at the end of which time he had gained 11 pounds and had returned to work.

This list of cases reported above, all different in nature, in which Sanguiferrin alone was used as the reconstructive tonic and blood-builder, suffice to show its efficacy. I have faith in it and recommend it highly to the profession.

E. R. PERRY, A. B., M. D.

Covington, Ky.

TONSILLITIS.

Much has been written concerning the treatment of tonsillitis, but of the various methods pursued none has been more effective with my patients than the following:

Calomel 0.006 (gr. 1-10) every quarter to half hour, until fifteen tablets have been taken; and a cold towel or sponge bath every hour during the febrile stage of the disease, administered as follows: Have the room warm, about 80 degrees F., dip a towel or sponge into cold water (as nature provided it), apply to entire surface of the body, beginning with the feet and going upward to the neck, the time consumed not to exceed one or two minutes. Don't dry the body, but put the patient to bed at once, cover with a woolen blanket so as to exclude all ingress of air, and have the patient remain in this position until reaction sets in, i. e., until the body becomes dry and warm; thereafter cover lightly and procure proper ventilation of the room. *Locally*: Hydrogen dioxide, cinnamon water and colorless hydrastis, equal parts. Mix. Directions: Wind a little absorbent cotton about the end of a cotton carrier,

saturate with the mixture and swab the tonsils and larynx quickly but thoroughly. Repeat in one to four hours according to the severity of the disease.

Have the patient take a mouthful of cold water every hour, always before the local applications are made. Next morning give Saline Laxative 4.0 (1 dram) in half tumblerful of cold or hot water, repeated each morning thereafter for a week or two, gradually reducing the quantity.

During the first twenty-four hours give no food whatsoever, thereafter only liquid and semi-liquid foods for a few days. You may add Somatose, 4.0 (1 dram) four times a day.

Try it and report results. Somatose, by the way, is one of the best preparations which can be used during the stage of convalescence of any disease, also during the active stages of typhoid fever and kindred wasting diseases. In anemia I have found it to be the *ne plus ultra*.

F. A. GRAFE, A. B., M. D.

Cincinnati, Ohio.

HIGHER CRITICISM.

I read your reply under the above caption, to a criticism from one of your readers, with much pleasure and approbation. When I read the critic's objections I was much surprised. I didn't believe there was a reader of the CLINIC who would object to the Quiz Department, for it is one of the most instructive and important departments of the journal. A great deal of diagnostic knowledge as well as much therapeutic information can be obtained from it.

But, maybe the classical M. D. don't stand in need of such articles. If he has a superabundance of such information, I hope he will act on the suggestion of the editors, and impart some of his medical

knowledge to us poor, ignorant, puerile country doctors, who are trying to get upon a higher plane of more scientific medical knowledge. The trouble with most of the classical doctors is that they are slaves to authority, and so conservative that there is little progress among them, while the common practitioners are less conservative and more progressive. Conservatism is stagnation, while heresy is progress and advancement.

The CLINIC style of medical journalism is a break from the old hide-bound, case-hardened conservatism, that has held back progress in diagnosis and medication for many years. I am happy to realize now that the time has come that when a doctor refuses to be progressive, and adopt accurate and scientific methods of medication, he will have progression forced upon him and be coerced into line with the great army of alkalometrists, before many more years. I don't believe it will require many more years for the editorial staff of the CLINIC to bring about a discontinuance of the Galenical preparations of drug-plants. Soon the pharmaceutical houses will only bottle up the active principles, and leave out the dirt and inert matter. Through the influence of such men as Prof. Waugh and Abbott, medicine will become an exact science. Prof. Waugh is now recognized as a standard medical writer, and if many years and good health await him, he is going to make a greater impression on the medical profession than any other writer in the United States. I read a most excellent article on Acute Respiratory Diseases in *The Medical Standard* from his pen. It is a query to me why the Professor contributed such a valuable article as that exclusively to the *Standard*. Such a practical article is worth many times the subscription price of the CLINIC. You readers just write the editors a card urging them to publish it in

the CLINIC. When you read it you will agree with me that it is the most scientific practical contribution you ever had the pleasure to read on the above subject. You will probably feel as I do, and believe the Professor ought to explain why he don't publish all his writings in the CLINIC.

DR. J. S. CANTRELL.

Northview, Mo.

—:o:—

We have to go outside the fold and make converts, you know.—Ed.

CUBAN MEDICINE.

I have spoken to and showed copies of your journal to the whole medical fraternity here, but as they are furnished with medical literature by the government, besides being a little bit hide-bound, they would not even consider it. The rest of the fraternity is Spanish-speaking and could not read it.

Their drugs here are very crude and ancient. They believe in signs, whims, etc., together with supernatural healers and the burning of living goats for certain effects, even on the weather. If an epidemic of smallpox or anything else breaks out, or the weather is unusually dry, the priests wait for a change of the moon, then have two goats barreled up and stuffed with light tinder, saturated with some highly inflammable substance and burned, followed by the carrying of saints, Joes, Marys, Kings, etc., with prayers and yelling like wild animals.

You may never forgive me for writing this lengthy extract, but it is so unusual and foreign to anything that I have seen or even heard of in these late days.

S. W. SERVICE, M. D.

Holguin, Cuba.

—:o:—

What a contrast to modern medicine, with its keen, delicate, potent weapons,

prepared for us in the marvelous laboratories of Nature by Nature's God, and left for the intelligence and industry of man to extract and utilize. Is not the whole scheme of creation, rightly comprehended, one earnest, all-pervading impelling to work, to use the eyes to see and the brain to think, that we may recognize the treasures surrounding us and learn to utilize them?—ED.

NEURALGIA.

I have noticed quite a number of inquiries about the treatment of neuralgia, but I have failed to see any particular remedy for this painful disease.

Dr. Waugh, in his "Treatment of the Sick," says: "To break an inveterate neuralgic habit the following is a good combination: Phosphorus, strychnine, arsenious acid, extract cannabis indica, etc."

In his "Manual of Treatment by Active Principles," he says: Phosphorus or zinc phosphide is a powerful means of breaking up a persistent neuralgia."

I have been using for the past seven years, for the treatment of persistent neuralgias of the acute form, etc., zinc phosphide and strychnine, and have not had one failure in fifty-seven cases treated. I will outline a few cases:

Case 1: Mrs. B., found her in bed, and as quick as I passed in the door she exclaimed: "Doctor, I have no faith in you or your medicine, as I have had sciatic neuralgia a number of years and been treated for it by others, and none of them ever helped me any, and I know you can't; but John is determined to give you a trial and I'll have to take your medicine to please him, yet I know it won't do me any good. I suppose I'll have to suffer out the three months as I have done so many times before."

She had had several attacks previously of sciatic neuralgia, duration three months, and she was completely discouraged.

I prescribed zinc phosphide gr. 1-67, strychnine arsenate gr. 1-67 (A. A. Co.), every two hours, leaving a sufficient number of granules to last three days, with a saline cathartic each morning.

The third day after my visit John came to see me, saying, "My wife wants some more of those little pills. They are helping her nicely, as she does not suffer half as much as she did when you last saw her." I gave him another supply of granules and the next week she walked to the village, a distance of two miles. And she praised the little pills and the only doctor that ever helped her sciatica.

Case 2: Mr. M., had been a sufferer from neuralgia in his feet and legs for five years, and had gone the usual round of doctors and patent medicines. He asked me if I could help him any, and my reply was: "Certainly I can."

Prescribed zinc phosphide gr. 1-134, strychnine arsenate gr. 1-67, every three hours, and a saline cathartic every morning; absolute rest for two weeks. But Mr. M. said that the medicine he could take according to instructions, but the two weeks rest he dare not take as he was a night watchman in a factory and his employer would discharge him if he asked for the favor. But he insisted on taking the medicine and the result was, three months later he reported himself as cured and feeling like himself once more.

Case 3: Mrs. M. C., came to me after she had gone the usual round of doctors, "sure-cures" of druggists, and patent medicines. She had been a constant sufferer from sharp, lancinating pains throughout the thorax for the past six years, at times so severe that she could not sleep nights.

I gave her fifty pills of zinc phosphide

and nux vomica (A. A. Co.), directing her to take one pill every four hours and a saline cathartic every morning.

Her husband met me two weeks after, saying, "Doc, you have made me a happy man. My wife is perfectly free from pain and she feels as happy as she can possibly be over getting relieved from her sufferings."

I am at present treating an old lady who has been a sufferer from trigeminal neuralgia for the past twenty-six years, and if I can cure her case, I can then exclaim—Eureka!

C. STANTON, M. D.

Velp, Wis.

—:o:—

A well-aimed rifle, that.—Ed.

THE TRUTH.

Just why I am moved now to relate a case that occurred twenty-eight years ago, under the above heading, I do not know, but the fact is, the story is safe at any time and may do some good to a young practitioner who is just entering his professional career. I had recently graduated, and wore a slick hat; with a knowledge, in my own mind, unsurpassed.

I was called to see a poor, withered and anemic girl, aged 10 years. The child had sat before a hot stove trying to get warm for several months, until the skin on hands and face were parched brown, and any attempt to move or cause it to move was met with much disfavor, evidenced by a whine or squeaky-like noise. The "new doctor" had been sent for with the idea that he might have learned something new in diseases of the day, that the old-timers had not "gotten on to," as other older physicians had had an experimental chance at the case.

The family was a prominent one in the

community. I felt the recognized honor conferred upon me extremely. I realized the weight, the position and the responsibility of being called where other older members of the profession had failed. The open-door chance to air my medical skill was before me and appreciated.

I made a thorough examination, divested the child of its clothing, listened long and carefully to its heart and lungs, and found nothing abnormal in the sounds thereof. I rubbed its skin, pulled down the eyelids, looked at the gums and counted the teeth, stroked the hair and smelt the child's breath. Asked more questions than a city lawyer and, after three different opportunities of that kind, I decided on the ever-blessed truth as the best way out of it. On my third and last effort to make a proper diagnosis, the question was plainly and squarely put: "What is the matter with that child?" My answer was: "I don't know."

Imagine my chagrin. It was a great disappointment to my mother, who had furnished means for my medical schooling. She reprimanded me for not being able to diagnose the case of the child, which, perhaps, was being eaten up with worms, while I was dummed and blinded with college learning. My answer was emphatic *I don't know*. For this reason I refused to treat the case. It was quite mortifying to come to this humiliating conclusion.

Another physician was called, who treated the case for four months for typhoid malaria, and finally abandoned it in disgust. Still another medical gentleman was called in, who, I believe, honestly declared it a case of slow consumption.

The patient lived in the village where my sign displayed its glittering letters, and I had an occasional opportunity of seeing its withered form before the fire in its accustomed chair. The last doctor prescribed cod-liver oil and whisky.

By this time, my interested mother frequently found an opportunity, when she wished to take me off my perch, to ask me how "squeaky" was (a nickname she had given it), and if I had found out what was wrong. And each time I became more pronounced in my wanting answer. It is needless almost to say that I read some on the symptoms and ransacked a number of medical libraries, but could not find the answer to the puzzle that still existed.

One day I was sent for in great haste to see "squeaky." She was suffering with an acute pain just below the right nipple. On removing the clothing, I found an elevated place, with some foreign substance immediately under the skin. I at once took my scalpel, made an incision and found a sharp point of something protruding. I seized it with the forceps and drew forth a common-sized sewing needle!

From that hour the patient improved, was running in the yard playing with the other children next day, something it had not done for two years. So, after all, my chagrin, my embarrassing situation, my humiliating position, I carried off the plum in the form of a rusty needle. Yes, in the form of the ever-blessed truth. And at that time in my life it aided much in securing a large and lucrative practice.

I write this more for encouragement to the younger members of our profession, who may be tempted to falter by the way, to value the pure, unadulterated *alkaloidal truth*, even though at times it may seem below par. You may crucify and even bury it, place a large stone on its grave; *it will rise again*.

A. L. COPE, M. D.

Winona, Ohio.

—: o:—

More than once I have frankly confessed my ignorance, and have been

amazed to find that I had thereby won the confidence of my patients, when no amount of brag would have succeeded.—
Ed.

CONSUMPTIVES: WHERE TO SEND THEM.

Some months past, I noticed an article in the CLINIC, in regard to the Southwest and the consumptive; also, it was asked whether any physician in this locality would accept patients of this character for treatment and guidance to health. I wish to state that there is an institution of that kind at this point, and it offers special advantages to the consumptive, as it receives no other class of patients.

Hygiene, diet, respiration drills, massage and outdoor life in the sunshine, are some of the special features. Therapeutics are used in those cases that require it. Dr. Waugh's method in the treatment of this disease is one of the chief features.

The institution is run on a thoroughly professional and non-sectarian plan. Physicians sending patients here for climate and treatment may rest assured that they will have every healthful attention. I will be pleased to answer any letters of inquiry in regard to the climate and methods of treatment carried out in this institution.

E. E. WHITE, M. D.

El Reno, Oklahoma.

POINTERS FROM AN OLD PHYSICIAN.

In my treatment for dysentery I give magnesium sulphate gr. x, tincture of aconite root gtt. x, water six ounces. Mix. Direct: Teaspoonful every hour.

This will be found an ideal treatment for this disease.

In cholera morbus I give magnesia 1 dram, aromatic spts. ammonia 1 dram,

peppermint water 5 oz. Mix. Direct: Teaspoonful once an hour until relieved. Mustard paste should be applied over the stomach and bowels.

The above treatment has never failed to cure the worst cases, and I have used it since 1869.

For pruritus, itching of the vagina, I give pulv. borax 1 dram, fluid extract hydrastis 1 oz., water to make 5 oz. Mix. Direct: Apply three times a day.

The best all-round eye-wash, and one that can be depended upon for sore eyes, is zinc sulphate, morphine sulphate, of each gr. j, and glycerin and rose-water of each 1-2 oz. Mix. Direct: Drop a few drops in the eye night and morning.

The usual "local treatment" for inflammation, congestion and ulceration of the uterus I do not approve of, and my experience in the special treatment of uterine cancer has shown me that ninety per cent of the cases I have examined are caused by this same local treatment. I can offer something better. I have treated cases of this kind from nearly every state of the union, so that I know it can be depended on to cure. Give internally tincture of belladonna, one drop once in three hours in a teaspoonful of water; alternated with Fowler's solution, one drop once in three hours in a teaspoonful of water. Use locally one of "Micajah's Uterine Wafers" every other night, using an injection of warm water before applying the wafer. Try it and you will be pleased with the result.

For prolapsus uteri I give internally tincture of helonias (unicorn root), ten drops before each meal in a teaspoonful of water. This is a positive uterine tonic and the best in any materia medica. Use either Lloyd's specific homœopathic tincture. The ordinary tincture and fluid extracts are no good. If you use them you will be disappointed. Give three tablets night and morning of calcium fluoride, the

sixth decimal trituration. This is one of the tissue-remedies, and you can get it at a good homœopathic pharmacy. Locally apply the Micajah's Uterine Wafers as directed for congestion.

For dyspepsia, so common to our American people, I have cured hundreds of cases with pure pepsin, tincture of nux nitrate, of each 1 dram, tincture of nux vomica 1-2 dram, compound tincture of gentian 6 oz. Mix. Direct: Teaspoonful in water after each meal. Shake well before taking.

The great causes of dyspepsia are eating too fast and tea-drinking. You can't cure this disease if you allow your patient to drink tea.

Tincture of phytolacca, made from the green root, is the ideal antiseptic of the materia medica. If it is not made from the green root it is no good. The only reliable fluid extract is made by Wm. S. Merrell Chemical Co., Cincinnati, O.

In blood-poisoning I give one ounce of the above fluid extract in five ounces of simple syrup, a teaspoonful once in three hours; and one five-grain gelatin-coated quinine pill three times a day.

Phytolacca given as above is the best treatment for syphilis. It is one of a half-dozen remedies that have a curative effect upon cancer.

In a future article I may give some more "Pointers." A definite system of therapeutics is what every physician needs, and the doctor who cures his patients is what the people want.

ELI P. JONES, M. D., Ph. D.
New York City.

CONSUMPTION.

Can it be cured? Yes, I claim to have cured four clear-cut cases. Treatment consisted of nutritious diet, rum, cod-liver oil and the following emulsion:

Petroleum Moss, 4 ounces.

Creosote, best, 2 1-2 drams.

Yolks of eggs, 2.

Syr. cinnamon, 1 1-2 ounces.

Whisky, to make 8 ounces.

Mix. Direct. A teaspoonful in a gill of sweet milk at 8, 12, 4 and 8 o'clock daily.

Have the fumes of creosote generated in bedroom every night, for the local effect it has on the lung-tissue. If night-sweats are too profuse give tincture of iron and aromatic sulphuric acid, equal parts, *ter in die*, in water.

I was given the outlines of this treatment for consumption by Dr. Killebrew, of Marlin, Texas, in 1886. He was a graduate of the Philadelphia medical school, and had two brothers and one sister die before they were thirty years old with this dreaded disease. After he returned from school with his diploma (a short while) he contracted the hectic cough, and at once commenced the use of the best of rum and cod-liver oil, taken together four times a day, and a preparation of petrolatum and creosote similar to the one I have formulated. In about three months the cough was cured. Dr. K. lived to be about seventy years old and had at different times a chronic cough, but always controlled it with the above. I have given it time and again with the best of results.

Of course, climate has its influence. I think that in almost any part of Texas the climate is good for this class of disease.

W. W. PUGH, M. D.

Jasper, Texas.

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Neither petrolatum nor creosote are new remedies, and we fear that Dr. Pugh has been attributing to them cures really worked by the climate of Texas. But his treatment is certainly good, and creosote has stood the test of time better than any other drug.—Ed.

INTESTINAL ANTISEPTICS.

When reading Dr. Holland's experience with zinc sulphocarbolate in cholera infantum, in your booklet on Intestinal Antiseptics, I feel "what fools we mortals be"; the way being so plain, why should a wayfaring doctor err therein? Fifty some cases and no deaths! If the doctor only would have but one desperate case, not curable with sulphocarbolate, then could we approach him as a brother in the flesh. But no, he occupies a plane away above us. We are traveling through the vale of tears where ever and anon the destroying angel snatches away from us a victim to the inevitable law. Ah me!

The theory about intestinal disinfection is all right, but let me tell you some experience. Compared with those about me I have been unusually fortunate in getting cases of typhoid fever that were not to die. In this disease I have had but a few cases of intestinal hemorrhage, but those few cases all got sulphocarbolate of zinc. One, a girl about twelve, actually bled to death inside twelve hours, no treatment availing anything. Again, a few days ago, a case of cholera infantum died in the same way. Bleeding commenced about 3 p. m., and death came to her relief about midnight. This child was four months old, was desperately sick when I first was called, and for four weeks battled with the disease with varying success, with at least a reasonable hope of her recovery, when extreme distention of the abdomen came on followed by the rapid bleeding, this while taking bismuth with zinc sulphocarbolate.

The good effects of hyoscyamine and cicutine were beautifully shown in controlling the cerebral symptoms in this case. Now tell me why I should only have intestinal hemorrhage when using zinc sulphocarbolate? I am prepared to

hear the answer so common among manufacturers now—chemical impurities. In my typhoid experience I had not heard of Waugh and Abbott, or very little. In my recent case the W-A tablet was used part of the time. If chemical impurities, what in particular would induce the hemorrhage? In the light of my experience I am compelled to look upon this preparation as a dangerous remedy in typhoid, and to question the propriety of it in cholera infantum. There is one point that possibly links this case of cholera infantum with the typhoid cases—the child was suffering with a severe form of stomatitis. Can it be that the drug is dangerous when the bowels are ulcerated?

Some time ago I invested a dime in the modern morphine treatment issued by you; by the time I got the pamphlet which was mislaid with some other mail, I had gotten into the chapter promised by Brother Waugh but never written. Over two months have elapsed since patient has had morphine, but what a period that has been I cannot describe. Now mounted on the radiant ray of hope, now writhing in agony and despair, and so it goes. Cicutine, hyoscyamine, gelsemium, pascarnata, atropine, strychnine, digitalin, p. r. n., with hypophosphites every three hours. Panopepton and food as borne. On the part of the doctor, anxiety, worry, chagrin, disappointment, upbraidings and flattery from patient, buoyed up by the determination to win and the hope that some time in the future you may come up with the wreck of a human life safe. \$500—money—does money pay for this? But a question I want to ask. The pains suffered are referable to the ovarian regions and their distributing nerves, and to the intestines. In the ascending colon frequent fecal accumulation, bowels moved almost daily by aloin, podophyllin, cascara co. pill, with or without hot ene-

mas. All stools have more or less scybala and a large quantity of stringy mucus, now brownish, has been whitish, sometimes yellowish; uneasiness in bowels not relieved until emptied of this mucus; stomach frequently nauseated, controlled by bismuth and cerium oxalate. The more solid portion of stool flattened. This condition is the greatest barrier to improvement. What hope have we? What can be done? Heretofore the treatment has been you may say symptomatic. I feel now we ought to get after causes. Stools very offensive. Wyeth's sulphocarbolate of zinc not well borne by stomach, had to be discontinued. Put her on podophyllin and hydrastis yesterday. Has had a laparotomy, pelvic viscera normal. Kelly only recently said he thought ovariectomy no good for ovarian trouble now. Helonias Cordial relieves pelvic pains. Would macrotin be any improvement, or would anything added to our list help the pains? But the bowel trouble causing autointoxication, mal-assimilation, imperfect digestion with pain and soreness, I look upon as the offender. Can you help us cast out these seven devils?

J. A., Pennsylvania.

—:o:—

Dr. Holland did not say one word too much as to zinc sulphocarbolate in cholera infantum. I have used the drug for fifteen years without a death, and my practice has not been a small one. I will say the same in regard to typhoid fever, and many hundreds of physicians report the same success. I have never recommended the drug as a remedy for intestinal hemorrhage; on the contrary have urgently called attention to the fact that it is a remedy to prevent such consequences, and should be given early in the disease. In affections where ulceration has occurred, better remedies are found in the silver salts and oil of turpentine, while

to restrain hemorrhage we have in ergotin, digitalin and atropine, direct properties of the greatest efficacy. You do not state in what dose you used the sulphocarbulates, but in the fatal case you quote, of cholera infantum, the dose was not sufficient, as is evident by the distention of the abdomen occurring; for if the bowels were thoroughly disinfected such distention would not have happened. As to the chemical purity of the drug, the Abbott Alkaloidal Co., buying it by the ton, finds it advantageous to pay double the market price to insure the purity necessary for their preparations.

I do not see that any of the impurities caused the hemorrhage, however, as this is a symptom to be expected in cases of either malady.

I have given the pure sulphocarbulates up to 120 grains a day in typhoid fever, and have yet to know of anything to warrant your speaking of them as dangerous remedies.

If the child had stomatitis the affection was thrush, and there was all the more reason for antiseptics.

Your remarks on the morphine habit simply show that you have totally failed in securing that mental influence over your patient necessary to prevent the autosuggestions which you describe. Moreover you have veered about too much, if you used all the things you mention. Many observers have testified to the fact that the patient does not suffer until the suspicion arises that his doses are being reduced or withdrawn, and then he will suffer as you describe, even though taking the full amount to which he has been accustomed. You have neglected also to keep the bowels clear and aseptic, a point particularly insisted upon by Dr. Waugh. Nor does he recommend aloin, podophyllin and cascara. You should have kept the bowels empty with Saline Laxative and enemas, and aseptic;

with an occasional dose of emetin 1-2 grain, and you would not have had to report nausea and gastro-intestinal distress. The flatness of the stool indicates pressure. What causes it? The ovarian pains you describe are unfortunately common in women whose ovaries have been removed, and they were bound to recur when the morphine was stopped. If the uterus was also removed, the stools were flattened by some other tumor pressing against them. Altogether you have simply not read attentively the booklet which you received. My suggestion for this case would be, at present, the use of cactus enough to keep her heart steady; helonias to relieve the pelvic pains; possibly she may require ovarian extract to replace the internal secretion of the lost organs; the bowels should be kept open by a Saline Laxative with occasional colonic flushing, and aseptic. Possibly the best means of doing this is to use the neutralizing cordial, of rhubarb, ipecac, hydrastis and sodium carbonate and sulphocarbolate, the formula of which has been many times given in the CLINIC; and unless you can establish a mental power over that case, the patient will be tormented the rest of her days with autosuggestions.

However, autotoxemia has so much to do with such cases, that whenever she is quite nervous you will find it a great advantage to give her from one-quarter to one grain of emetin at bedtime, taking precautions to keep it down, if possible.—ED.

THE REMOVAL OF TAPE WORM.

A CRITICISM.

Dear Doctor Abbott:—In the Sept. number of the CLINIC, in answering Query 1554, where "J. L." of Missouri, asks how large a dose of medicine for tapeworm in a child of two years of age,

should be given, you reply by saying "that it must be remembered that you are treating the tapeworm and not the child. As large doses are necessary to kill a tapeworm in a baby as in a grown person."

In this statement you are certainly making a very serious error, and might cause fatal results in a delicate child. I know whereof I speak. I have expelled more tapeworms probably, than any other physician in this country. (I do not say this to boast. I can produce the documents to prove it, and make this statement to show that my opinion should have considerable weight in such matters.) I have treated thousands of persons troubled with tapeworm. I have expelled hundreds of tapeworms in children ranging all the way from babies of 17 months to children 12 to 15 years old. I would no more dare to give a child of two years a full adult dose, or even a half dose, than I would think of giving the same proportioned dose of morphine or strychnine.

For the last seven or eight years I have kept a complete record of each case of children treated, up to the age of fifteen years. In this record I have kept the exact dose given in each case. I have always given the dose according to the standard posological table (Meadows'), possibly increasing the dose just a little. I can state that I have, under given conditions, always been uniformly successful. One of the "given conditions" is the retention of the proper dose sufficiently long to have the full effect on the worm. Almost every medicine given or used for the expulsion of tapeworm will to a greater or less degree cause nausea to the patient. This is the cause of failure in nine out of ten cases, and not because the dose is not large enough.

I have often wondered myself why it was that a child or baby did not require

as large a dose as an adult; for in reality the worm in a child is as large and long, or nearly so, as one in an adult. But it seems to have been a wise provision of nature that it is not so; for many children are very delicate and puny, and it would certainly be extremely hazardous, and I am certain fatal in many cases that I have treated to have given a full adult dose, or anywhere near such a dose.

Doctor, you will pardon me for questioning your statement in this matter. I believe you have made an error in advising such dosage, and I trust that you will take my opinion in the spirit in which I have given it. I know that I am correct because it is based on actual experience extending over eighteen years of such practice.

By the way, Doctor, I had a most remarkable case in all my eighteen years' experience, about a month ago. I sent medicine to a gentleman living in Dawson, Georgia, for his two children, aged respectively 10 and 8 years old, who were troubled with tapeworm. In the first named child two tapeworms were expelled with heads. In the child 8 years old there were twenty-two tapeworms expelled, each head intact. The aggregate length of the twenty-two worms was 220 feet. The statement of the father was so astounding that I wrote him, questioning him closely, and asked him to make an affidavit to it, which he did; and he sent me the worms in a jar which I have in my office. I have examined them, and find his statement is correct.

These worms were all expelled at one stool, unbroken, in *seventy minutes* after taking medicine. The dose of medicine was given according to the posological table above referred to.

This case breaks the record as far as my knowledge and experience go, es-

pecially for a child. If you desire you may publish this letter.

M. NEY SMITH, M. D.

St. Louis, Mo.

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This is one of the times when your editor did not say just exactly what he meant to say or in other words in endeavoring to be brief conveyed a wrong impression. The query in reply to which the doctor justly and very properly refers reads as follows:

Query 1555:—TAPEWORM. A child two years old has several times passed 15 feet. How about dosage of the A. A. Co's remedy for a child?

J. L., Missouri.

You must remember you are treating the worm, not the child. As large doses are necessary to kill a tapeworm in a baby as in a grown person, so you should give 1-4 of the bottle at least.—Ed.

The idea is all right but it is not properly expressed. Whatever the experience of others may have been I do not know but my experience is that it takes larger proportionate doses for a child than it does for an adult and that was what should have been said. The tapeworm remedy, A. A. Co., referred to, is a mixture of the active principle of male fern c. p. chloroform and cathartics; and is put up in 2 oz. bottles, the adult dose being from 1-2 to 2-3 of the bottle, 1-2 the bottle being an average dose. The dosage suggested of 1-4 the bottle is not very bad, in fact I should expect the very best results from it and unsatisfactory results from a much smaller dose. We thank the doctor for calling our attention to this slip and trust that with this explanation neither of us is misunderstood. We defer fully to Dr. Smith whose experience in this line is far greater than ours and congratulate him upon the success which has attended his

efforts. We are glad to know that he reads the CLINIC carefully enough to find our error and hope that he will give further of his rich experience for the benefit of the CLINIC Family.

A recent report from a Pennsylvania friend on his use of a bottle of Tape-worm remedy is interesting as showing what can be accomplished with right remedies rightly applied:

Yours of the 15th. in regard to the Tape Worm Remedy is at hand. I gave half the remedy to Mrs. J. on Sabbath and in four hours we had the worm. I gave half the remainder to a little girl on Monday and in one-and-one-half hours we had the worm; this last worm had resisted the efforts of the oldest and best physician in the city, for the past four months, during which time the mother thought the child was punished more than the worm, though he succeeded at one time in bringing away about 18 feet of it. Each of these worms was twenty feet in length. Another beauty of the remedy is its being so easily taken, child taking it without any inconvenience.

With the remainder of the medicine I removed a worm from a little girl nine years old, that had resisted all the many efforts that had been made at expulsion the past three years. He had defeated no less than six different doctors. Three worms complete with one bottle is not so bad is it?

Many, many thanks to you.

—:O:—

I should say not.—Ed.

RECTAL ULCER.

In July, 1900, I was called to see Mrs. H., aged 43, nervous temperament. During the winter of 1898 had *La Grippe*, from which she never seemed to recover completely.

I found the following symptoms present: Vertigo, throbbing in head on awakening and on stooping, digestion poor, very poor appetite, marked insomnia, menses regular, no leucorrhea, bowels active but evacuations unsatisfactory, before stool very severe pain in bowels, defecation painful and accompanied by hemorrhage, at times quite severe. There was no history of pus or mucus from the bowels. I found general proctitis and what appeared to have been an ulcer, but was now a granulating surface about the size of a silver twenty-five cent piece, on the posterior surface of the rectum just within the sphincter, which would bleed freely upon even the very mildest irritation.

My treatment was general tonics for the debilitated condition of the system; for the ulcer an application of a forty per cent solution of silver nitrate to the ulcer, after having thoroughly washed out the bowel and protecting the surrounding mucous membrane with vaselin. This application was made for three successive mornings. In the evening I injected $\frac{1}{2}$ oz. of sweet oil and 10 grains of iodoform to the ounce. After the third day I used an application of hydrastine, one dram to the ounce of water, which I applied thoroughly over the surface of the ulcer, and injected $\frac{1}{2}$ oz. of hydrastis solution into the bowel and allowed it to remain.

The ulcer was entirely healed within three weeks, but the most peculiar feature of the case is to follow: During the treatment of the ulcer I found an accumulation of feces in the cecum. I prescribed hot enemas and Saline Laxative, which removed the accumulation speedily. In a few days this accumulation reformed and I again prescribed enemas and salines, but the woman protested, saying she did not like to take the enemas

because they aroused the sexual passion and even completed the orgasm. I then had her use the enemas just slightly warm, which produced the sexual desire but not the orgasm. I believe this is a very unusual phenomenon. In 1896, an Eastern journal published a serial article from a French physician, Dr. Pouillet, on masturbation in the female, in which he intimated that the seat of sexual excitement was not always located in the clitoris. That is the only explanation I have been able to give this case. I found on examination no sexual sensation in the clitoris.

W. W. SHAFER, M. D.

Ferguson, Mo.

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Rectal ulcers are not so easily cured but that, when they are, the successful method is of interest.—ED.

PTOSIS. FOLLICULAR CONJUNCTIVITIS. ARGYROSIS.

A girl eight years of age was brought to the clinic of the Illinois Charitable Eye and Ear Infirmary with ptosis of the right eye. History was to the effect that the trouble had been observed six weeks before. Child was well nourished, had had measles a year before, but had recovered and remained well. Examination revealed slight paralysis of superior rectus of right eye, external rectus of left eye and almost complete paralysis of the external rectus of the right eye. The child was not a mouth-breather and none of the lymphatic glands was enlarged. Under the iodides, followed by strychnine in conjunction with electricity, there was a slight improvement. The nose and naso-pharynx appeared normal, so post-nasal adenoids were not suspected. The slowness of recovery, however, led to an examination of the post-nasal space, and

the presence of adenoids was detected. They were removed with the curette and rapid recovery ensued.

A gentlemen of forty came to me for headache occurring in the top of the head, and bearing all the marks of headache from eye-strain. He was wearing glasses that fitted him perfectly, and had no muscular insufficiency. Examination showed a follicular conjunctivitis of the left eye, and a catarrhal conjunctivitis of the right. Applications of silver nitrate and a zinc sulphate lotion improved the conjunctivitis, but the headache persisted. The slowness of the silver in causing absorption of the follicles led me to substitute copper sulphate, full strength, for it. The headache disappeared and has not returned.

Two cases of argyrosis, from the long-continued application of 25 per cent solution of Protargol in glycerin, have come under my observation. The stain on the conjunctiva was of a dirty brownish color, quite different from the blue resulting from the use of the silver nitrate. In both cases the drug had been used for nearly or quite one year.

HUGH BLAKE WILLIAMS, M. D.

Asst. Surgeon Eye Dept., Illinois Charitable Eye and Ear Infirmary.

GERMS: CAUSE OR EFFECT?

With your permission I desire to offer a few words upon the above topic. The present controversy as to the proper place to be assigned the bacteria seems of importance far less than the search for a proper remedy. Surely the practical should always be the chief goal for the medical fraternity. To remove or lessen pathological conditions is the supreme aim of the practitioner, and to prevent them the aim of the hygienist. Let an illustration lead quickly to the point.

Going frequently into the room of a patient suffering with a suppurating, tuberculous shoulder, to help him dress, etc., the writer received a "germ" into his right bronchial tube. He was at the time weak from an old spinal injury, but was gaining in general condition, and adding more weight than in years. He never "took cold," was exceedingly careful in avoiding any cause thereto, bathed quickly in cold water (sponge bath) every morning, had no possible sensations indicating "cold." Yet a faint wheeze in the tube began to make itself heard in the night, lasting a few minutes, and then not showing up for days. This wheeze gradually increased in frequency and intensity, in spite of inhalants, remedies, etc. The writer continued helping the patient alluded to (who had no lung symptoms at all, but was a pronounced case of years' standing), never suspecting harm at the time. The wheeze increased to an occasional cough in about two months' time. This cough became more irritating in another two months; but *all this time he was gaining in weight*, and felt well, save the old weakness.

In another month, without the slightest evidence of taking cold, the cough increased, till in midsummer, one night came a slight rigor, and then expectoration began, slowly at first, but soon becoming thick and yellowish in the morning, while the cough became intensely irritating and painful. The whole history was summed up in the one word—irritation. The latter part of the summer the falling off in weight began, and he lost some 15 lbs., a large loss for his experience. Weakness appeared, and increased for two months.

At this point, as narrated before in the CLINIC, the writer took a preparation of Guaiacol and Ichthyol, in a bland cough

mixture compound, and in two months more was free from the dreaded features, the bacilli disappearing from the sputum. This was nearly two years ago, and there has been no return.

Now, if ever there was a case of direct infection from "germs" of some kind, this is one. The absence of any cause like "cold" emphatically forbids the conclusion of the case developing under any such undue inflammation of the mucous tract. The presence of the germs in the suppuration thrown off from the shoulder alluded to is undeniable. This patient had been attacked six years before in the bones of the ankle, and suffered three operations; then recovered and was strong for five years. Suddenly the shoulder was attacked, and soon suppurated. The subsequent history, after three severe operations upon the shoulder, is one of recovery, marriage, and apparent health and strength.

That the writer inhaled these "germs," and that such were the direct cause of his attack of phthisis, can not be disputed. The insidious beginning of the irritation, the progress of that irritation in its deadly combat with vital force, the gradual gaining of the hold upon the membranes, and the strong opposition of the assimilative functions, gradually losing in the contest till the turn was made, expectoration and fever began, and the waste exceeded the repair—these are so well marked as to be beyond the reach of argument.

Now, were those deadly "germs" the "bacillus tuberculosis?" Or were they some portion of diseased tissue, attenuated and dried in the air of the room? The writer had always considered his lungs his strongest organs (and as a matter of fact the disease did not get into the lungs, but worked in the bronchi only). He had not been near anyone

known to be affected with phthisis, nor any other source of the disease save this patient's room. He did not use milk, except in coffee, etc., and never ate rare beef. There seems no conclusion possible other than that he picked up a "germ" as stated. Then what were those "germs?" Did he inhale bacilli, or did the bacilli afterwards found in his sputum originate as a product of his own disease?

The suggestion is offered that at the present stage of science, the positive settlement of this query is impossible, for the reason that we have insufficient means for tracking any special "germ" in its progress (supposed) from one patient, through the air, into another patient, etc. We may theorize about it, but should not dogmatize. That bacilli, injected into animals, produces tuberculous conditions, is undeniable. But who can prove that the bacilli alone are the active cause? May there not be present other diseased matter? In fact, *must* there not be such in the nature of the case? May this not be the active cause? It may be said that where there are no bacilli, the injection of diseased matter does not produce tuberculosis; but we all know that the bacilli are not always found by the most searching examinations, in cases where the results prove tuberculous conditions.

We know the bacilli are there, in a given case. We know that if absorbed into another animal economy they are likely to prove dangerous (they or their accompaniments). We know that they disappear when the patient recovers. But do we really know that they cause the original disease? When we examine the patient, it is after the attack has destroyed some tissue, and the products of that destruction have been formed. After all, may not the bacilli belong properly to those products? And is not the question of most importance, how to prevent the

evil, or how to cure it? Who cares really what the technical cause is, if he only can prevent or cure the disease?

It is admitted that we do not know to a certainty whether the remedies alluded to (like the Guaiacol compounds) really annihilate the bacilli, or whether they assist nature to remove the diseased conditions which render the bacilli possible. But this is the same question in another form. One thing the case submitted seems to prove beyond dispute is dangerously possible, and should be guarded against with all precautions known to be effective. Of course, a stronger system would not have allowed those "germs" to stick. A strong, healthy nurse was with the patient much more than the writer, but does it not show that weakened constitutions should be specially cautious in such situations?

R. K. CARTER, M. D.

Blue Ridge Summit, Pa.

FROM HAWAII.

I am engaged in pioneering a settlement in one of the loveliest, grandest places I have ever seen; one thousand feet altitude, ten miles from tide-water on the south, which is in full view, and eight miles from tide-water on the north, which can be seen from a few places on the tract. Quite a high range of mountains is on the east, the base of which is two miles away, and a range on the west half as high, the base six miles away. The temperature ranges from fifty to eighty-five degrees Fahrenheit.

It is an ideal place for a sanatorium, twenty miles from Honolulu and ten miles from Pearl Harbor and the railroad, with a good wagon road from Pearl, and from Watalua, nine miles away. It is never cold enough to make one want a fire, nor warm enough to be uncomfortable in the shade.

If your wealthy invalids knew how easily they could get here, and how comfortable they could be made here with preparation (not in Honolulu, however, for that is a very uncomfortable place), they would flock here by hundreds, even if they were obliged to prepare their places before coming.

I have a five-acre lot in a very slightly and desirable place in our town-site, which would make an ideal place for a sanatorium. It is virtually a block, a street running clear around it, eighty feet wide on two sides and sixty feet wide on the other two. I have not the means to start one at present, and consequently would like some one to put up from five thousand to ten thousand dollars and engage in the business with me. I would like the person to come out here and look over the situation to his satisfaction before taking any steps in the matter.

E. C. RHODES, M. D.

Wahiawa, Oahu, H. I.

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I do not doubt that this enterprise, properly carried out, would be very successful, financially and otherwise.—Ed.

ALKALOMETRY AND BUCKLEY'S UTERINE TONIC.

The author of the alkaloidal or dosimetric method of treatment, which so many physicians fail to appreciate, truly says: "Medicaments are to the invalid what food is to the healthy man"; that is to say, dosimetric or alkaloidal medicines. "We must restore the normal rhythm of the functions in order that their physiological effects may be produced." We therefore require that alkaloids above all things, the vital modifiers, "which are the touchstones, to a certain extent, of the living economy." "No dis-

case exists, that does not require the use of these means except the simple ailments due to excess in diet which disappear by means of dieting." Yet in such cases it is advisable to clean out by the use of the Saline Laxative; and, as Doctor Abbott would and actually does say, "then clean up by the use of the Intestinal Antiseptic"; because germs of disease quickly follow any excess of food. Admitting that nature, unassisted, does sometimes make a cure, how much oftener does she fail.

A case: A woman I attended in confinement for the second time had, in the third week after the second confinement, excessive lochial discharge. How long under the old treatment of these cases is a cure sometimes delayed? Under the dosimetric or alkaloidal method these cases are now soon cured. Truly the value of the alkaloidal medicaments is being seen.

The more Alkalometry is known and the better understood, the more confidence physicians repose in it.

Among other things used in the treatment of the diseases of women that we daily meet, nothing yet devised equals "Buckley Uterine Tonic," as made by The Abbott Alkaloidal Co. The demands made for this tonic has been so great that many imitations have sprung up all over the country, and all to the great disadvantage of the suffering ones. Therefore, I would advise for the safety of the patients that the original and correct article be adhered to, that made by The A. A. Co., which is the only genuine and safe one to prescribe.

Get the literature of the A. A. Co., prepared by the writer, who has had upwards of forty years' experience in treating thousands of cases of the common maladies of women of all ages, with this uterine remedy, called "Buckley's Uter-

ine Tonic." The name "tonic" does the medicine only part justice, as experience shows it to be all this and much more; the more I fear is not thoroughly understood by all physicians, and it never will be until they become imbued with the principles of Alkaloidal medication; that is to say, the principles of dosimetry. Much literature on the "Buckley's Uterine Tonic" is scattered through the early numbers of the CLINIC, which if collected together would make an interesting and highly useful book, giving much information on the subject of the treatment of many of the maladies of common occurrence among females. It would cover the ground of how to treat these cases effectually, not according to modern and over-scientific methods, if they may be called scientific at all, but in a pleasant, sure and safe way.

Like pulmonary phthisis, many of these maladies originate either in debility or in a vitiated state of the blood. For these conditions, so common in women, all treatment will be useless except it be constituted partly of general tonics as well as the special, and here is where the tonic arsenates of iron, quinine and strychnine come. This compound in a single granule form has been recently introduced by Dr. Abbott. Try it in suitable cases, along with the "B. U. T."

W. C. BUCKLEY, M. D.

Philadelphia, Pa.

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Suitable cases are on every hand. There is no bottle in my case that gets empty oftener than the one marked "B. U. T." It is indicated in all congestive conditions, whether simple or pathological. In case of doubt, give it. It never does harm but is likely to do a world of good.—Ed.

AMONG The BOOKS

Diseases of the Eye. A manual for students and general practitioners. With 243 original illustrations, including 12 colored figures. By Charles A. May, M. D. Publishers, William Wood & Co., New York. Price, \$2.00.

This is not an exhaustive treatise, and is not intended to be, for it is not for specialists' use, but for students who hear or have heard lectures on ophthalmology, and who need a resume of the entire range of this discipline. It is also excellently adapted for the general practitioner, who ought not to be unacquainted with the latest points on the subject, or to send off many ophthalmic cases to the specialist. Specialism is neither an unmixed good nor an unmixed evil. Besides, the honest physician must use the eye as a revealer of many diseased organs remote from it. In all these points this manual will be an excellent instructor.

Modern Surgery, general and operative. By Dr. John Chalmers DaCosta. With 493 illustrations. Third edition, revised and enlarged.

It contains 1,081 well-printed pages, on excellent paper. Its index is very full and this enhances still more the value of the book. Published by W. B. Saunders & Co., Philadelphia and London. Price, \$5.00, cloth.

Dr. DaCosta is one of the brilliant group of young surgeons who still up-

hold in Philadelphia the glories of Gross and Pancoast, Smith and Agnew. A gifted lecturer, full of enthusiasm for his profession, a "fair-haired" man in every sense, young DaCosta has proved himself worthy of his name in the surgical arena, and now presents himself in that of surgical authorship.

Gall Stones and Their Treatment. By W. Mayo Robson. Twenty engravings. Publishers, Cassell & Co., Lim., London. Price, 9s.

This is one of the clinical manuals for practitioners and students of medicine. It is a small book, only 278 pages, but it is full of instruction. The author needs no excuses for publishing this admirable monograph, but the profession has in it good cause for thanking the author and publisher. The reader may expect almost iconoclastic surprises, yet the author is just, cautious and reliable, because speaking from personal experience and observation of the living and the dead. The part on treatment is excellent. No one that has a case of even suspected cholelithiasis can say that he knows all about it without reading this book, simply because he can not.

Tobacco: The Cigarette; Why It Is Especially Objectionable. By W. L. Hall. Price, 20 cents.

This is Document No. 3 from the Anti-Cigarette League (incorporated), The

Temple, Chicago. It deserves a careful reading, a just criticism, and an active co-operation if approved. The pamphlet is accompanied with other documents from the league. We respectfully commend its consideration to the gentleman who took us to task in the December CLINIC for condemning the "caffin-nails."

Advance Notes of the *Sanitary Investigation of the Illinois River* and its Tributaries, with special reference to the effect of the sewage of Chicago on the Des Plaines and Illinois Rivers prior to and after the opening of the Chicago Drainage Canal.

A copy of this very important sanitary document was received at this office with compliments of the Illinois State Board of Health, Secretary J. A. Egan, M. D., for which we are duly grateful.

Ringworm, in the light of recent research; pathology, treatment, prophylaxis. By Malcolm Morris. With 22 micro-photographs and colored plates. Publishers, Cassell & Co., Lim., London. Price, 7s. 6d.

This is a luxuriously gotten up monograph, written as well as illustrated *con amore*. It is not very often that we have the profitable pleasure to see such work done on a single medical subject. The author is full not only in the parasitology, etiology and pathology of the disease, but equally so in the diagnosis, prognosis and treatment of it. The work deserves to become classic.

Studies in the Psychology of Sex. The Evolution of Modesty; the Phenomena of Sexual Periodicity; Auto-Erotism. By Havelock Ellis. Extra cloth, \$2.00. Sold only to physicians and lawyers. F. A. Davis Company, publishers, Philadelphia.

The author of this book grapples with a very important racial mystery. How he comes out from the struggle each reader may come to his or her own conclusion. That around the chief act which secures race-existence there should cluster an imperative sense of shame and consequent secretiveness, is a phenomenon which, the writer of the note thinks will never be explained without the mystical study of androgynicity. Dr. Ellis does not touch upon this, and his work is exceedingly valuable for its almost exhaustiveness of the subjects he discusses. It is a rare book, and every writer, thinker and healer of sex should read it, for the usual thoughts about it need much sifting, correcting and adjusting.

Saunders' Pocket Medical Formulary. By W. M. Powell. This is a very extensive collection, and to the physician who wants ready-made prescriptions will be very useful for consulting when prescribing. The appendix, too, will be found very useful for rapid reference on various subjects in medicine, surgery and obstetrics. It is the sixth edition and thoroughly revised. Price, \$2.00.

Saunders' Question Compend — The Essentials of Histology, by L. Leroy, forms No. 25 of this popular series. Price, \$1.00.

International Clinics, Vol. III, Tenth Series 1900. J. B. Lippincott Co., Philadelphia, 1900. Price, \$2.00.

This series keeps up the wonted excellency of the former volumes, which we had the pleasure of reviewing. It would be difficult to compare the relative excellencies of the papers here presented. But we allow ourselves to call special attention to those on Digitalis in Children, Coal-Gas Poisoning, Pathology

and Treatment of Epilepsy, Degeneracy, and the monograph on The Scientific Modification of Milk. And all these and a great deal more for only \$2.00! What a marvel of our progressive profession!

A Text-book of the Practice of Medicine. By James M. Anders. Fourth edition, illustrated, cloth, pp. 1,292. Price, \$5.50. W. B. Saunders & Co., 1900. This fourth edition shows the few crudities of the earlier imprints carefully weeded out; the work revised so as to keep it fully up to the most recent phases of the science.

Our opinion of the work is simply this: For over twenty years the writer has held the chair of practice in various medical colleges, and has therefore examined every work on that department that has been published in English. Out of all these, each of which has excellence in some ways, he has chosen Anders' work as the one to be used as a text-book by his classes. No other presents the modern views on practice so clearly and succinctly, with so little of the author's personality to be eliminated. It is a strictly "business-like" book, devoid of personal vagaries. Moreover, the students prefer it.

A Text-book on Pathology. By Alfred Stengel. Third edition. Cloth, pp. 873, with 372 illustrations. W. B. Saunders & Co., publishers. Price, \$5.00. A handsome volume, finely illustrated, with an index covering nearly forty pages.

Speaking of the etiology of pernicious anemia, the author says: "The manner of operation of these is obscure, though recent experimental work, tending to show that pernicious anemia is hemolytic in nature, suggests that poisons are generated in the gastro-intestinal tract, and gaining access to the blood, cause its

destruction." This is one more evidence that the recognition of autotoxemia from the absorption of intestinal toxins is gaining ground, and that the therapeutic methods so strenuously advocated on clinical grounds by the CLINIC family, are being established by laboratory investigations. That the advice to "clean out and render aseptic" will soon be recognized as a primary axiom of practice, cannot be doubted.

A Practical Treatise on Medical Diagnosis. By John H. Musser. Fourth edition, thoroughly revised. Octavo, 1,104 pages, with 250 engravings and 49 full-page colored plates. Cloth, \$6.00. Lea Brothers & Co., publishers, Philadelphia.

When a medical author dies his books die with him. Not that they cease to be valuable (for I have had admirers of George B. Wood solicit me to edit and issue a new edition of his *Practice*), but they cease to be authoritative. So rapid is the march of medical progress supposed to be that the first thing a doctor looks at is the date of a book—if more than a year old he concludes it is a "back-number."

We must therefore expect to see the great work of DaCosta, which has so long dominated the field of diagnosis, supplanted by newer works. Of these the most important that has yet appeared is this of Musser's, already in the fourth edition. He pursues a different course from the previous writers, the first part of his book treating of the data obtained by inquiry and observation, and of morbid processes. In the chapters on special diagnosis he takes up each system and organ successively. The first part should be studied like a text-book, the second can be utilized as a laboratory manual. It is not a book for casual reference, but one from whose study the capable reader

will arise a diagnostician, fully versed in the modern methods. The mechanical part of the book-making is worthy of the firm which published it; the plates are excellent, the illustrations good and copious. The physician who cares for his profession enough to study thoughtfully a work of 1,104 pages must buy this book; he who desires a condensed manual at which to give a hurried glance to refresh his memory, wants something different—or at least, he thinks he does.

Fractures and Dislocations. By L. A. Stinson. Third edition, 336 illustrations and 32 mono-tint plates. Lea Bros. & Co., publishers. Cloth, pp. 842.

New York surgeons have always given particular attention to this branch; and it certainly seems that the mantle of Hamilton had fallen on the shoulders of the author of this fine work. Though the last edition appeared in 1899, extensive additions have been found necessary, especially in the chapters dealing with injuries of the spinal cord.

We cheerfully recommend this as a fully up-to-date work on this department of surgery. As to the mechanism of the book—it is from the Leas.

CASE-RECORDS.

With the beginning of the New Year every physician must have a new pocket case-record. Which to get? Each has its advantages. And yet—

There is only one case-record published that can be admitted in a court of law as evidence in a suit to collect your fees; and that is the Physicians' Protective Accountant.

A Manual of Hygiene and Sanitation. By Seneca Egbert. Second edition, cloth, 8 vo., pp. 435, with 77 engravings. Published by Lea Bros. & Co.

The author begins with bacteriology, and goes on to treat of the air, food, water and stimulants; then takes up personal, school, municipal and military hygiene, and vital statistics. He has embraced the cardinal principles and has not made his book unwieldy in bulk. We have been very favorably impressed with this book, excepting the chapter on alcohol, which he condemns much too mildly, and credits with dietetic and remedial virtues not, we believe, to be sustained at the present day.

YELLOW FEVER.

Let me call the attention of our Southern friends to Dr. Coleman's book on Yellow Fever. You will find it mighty interesting reading, now that the winter is here; full of new thoughts and old theories, as yet far ahead of the times. Read with it his latest declaration as to the abortion of infectious diseases by administering the sulphides during the incubation period. Were I to be exposed to yellow fever to-day, I would at once saturate myself with calcium and arsenic sulphides.

GENIUS.

There is something contagious about genius. If I were arranging the curriculum of a college, I would choose as text-books the works of the greatest men in each branch, even if they were not "orthodox" with my own views, depending on the class-room discussions to counteract any tendency that might prove injurious. So I again urge on you the great value of Byron Robinson's books, not alone for their intrinsic worth as mines of valuable facts, but because you cannot emerge from the study of that big, sprawling, erratic genius, without having learned what you could not elsewhere.

The Pathology and Treatment of Genito-Urinary and Venereal Diseases and Syphilis. By Robert W. Taylor. Second edition, octavo, 720 pages, 135 engravings and 27 full-page plates in colors. Cloth, \$5.00. Lea Brothers & Co., publishers, Philadelphia.

We might fill pages with a description of this work and its excellences; but content ourselves with calling attention to the prominence given to the subject of gonorrhea, its immediate and remote effects. Some day the profession will awake to the realization of the far-reaching evils produced by the gonococcus. Not only will its causative influence in producing the pelvic diseases of women, necessitating surgical intervention, be openly acknowledged, not merely whispered about as a striking hypothesis only to be alluded to *sub rosa*, but the profession will discuss the dependence upon the gonococcus of many obscure maladies, now known as "rheumatism," "iritis," "myalgia," "myelitis," "arthritis deformans," etc.

The American Illustrated Medical Dictionary. By W. A. N. Dorland. W. B. Saunders & Co., publishers. Cloth, pp. 770, price \$4.50.

This dictionary contains the "terms used in medicine, surgery, dentistry, pharmacy, chemistry and the kindred branches, their pronunciation, derivation and definition, with much collateral information of an encyclopedic character; with new and elaborate tables of arteries, muscles, nerves, veins, etc.; micro-organisms, ptomaines, leukomaines, weights and measures, eponymic tables of diseases, operations, and symptoms, stains, tests, methods of treatment, etc.; also numerous illustrations and twenty-four colored plates.

The author is a personal friend of the editor and performed some of his earliest literary work with him. Ten years ago he was one of the best reviewers and abstractors in the country; and an examination of this work shows that the promise of that day has been well fulfilled. An idea of the author's industry and the task now set the medical student may be gathered from the list of 188 diseases named after men. We who learned to comprehend the nature of Bright's, Potts', and a few similar eponymic maladies, would master this long list with difficulty; and then could tackle the list of 193 similarly designated signs and symptoms.

As to the quality of the work, we have no word but commendation. Dorland always had the gift of expressing himself clearly in the fewest words, and he is entirely too wide-awake to omit Alkalometry and Dosimetry, even if he does live in Philadelphia.

Elements of Correct Technique. By S. H. Monell. Published by E. R. Pelton, New York. Cloth 8 vo., 320 pages. Price, \$2.50.

This volume contains chapters on galvanic, faradic and sinusoidal technique; combined currents, static electricity, special methods, cancer of the tongue, and "a plunge into electro-therapeutics," a story with a moral.

Do you want to know how to use these batteries, plain and easily understood directions for each, how to mend them if broken, etc. Then Monell's book is what you need. So highly is it valued by the McIntosh people that they keep it on sale. And yet there's not a picture of apparatus bearing their name in the book! It is just one piece of solid meat, with no waste. Every possible question a tyro could ask, I believe, is foreseen and answered here.

Modern Medicine. By John Salinger and F. J. Kalteyer. W. B. Saunders & Co., publishers. Cloth, pp. 801, price \$4.00. After a general treatise on symptomatology, physical diagnosis, clinical bacteriology and laboratory methods, the authors take up the special diseases in the usual order and grouping. The descriptions of diseases are brief, but cover the leading characteristics. The chapters in the first part are commendable. But the title "Modern Medicine" can only be applied to the sections on treatment on the principle of *lucus a non lucendo*. Here are two fair examples of the aid one gets in treating patients: In diphtheria they say; "Antiseptics and soothing applications are employed—hydrogen dioxide in solution is serviceable as a mouth-wash." Speaking of laryngeal tuberculosis: "Local treatment directed to the healing of the ulcers is often found of use." Those who know how to do these things need no telling; but for those who do not, what information is given?

Obstetric Clinic. By Denslow Lewis. A series of thirty-nine clinical lectures on practical obstetrics, delivered in Cook County Hospital, Chicago; with remarks on criminal abortion, infanticide, illegitimacy, the restriction of venereal diseases, the regulation of prostitution, and other medico-sociologic topics. Octavo, 640 pages. Price, \$3.00. E. H. Colegrove, publishers, 65 Randolph Street, Chicago.

Dr. Lewis has long been known as one of the most gifted lecturers in his department, and the reader will find in these lectures much of absorbing interest, and in addition a vast fund of information.

Tropical Diseases; A Manual of the Diseases of Warm Climates. By Patrick

Manson. Cloth, pp. 684, with 114 illustrations and two colored plates. Publishers, Cassell & Company, Ltd. Price, \$3.50.

This is a seasonable work, inasmuch as many an American doctor is contemplating a trip to the tropics in person, or is sending patients there. Dr. Manson does not confine himself to tropical fevers, but describes such specific maladies as beriberi and leprosy, and the gastrointestinal maladies that assume special importance in hot countries. Animal parasites, skin diseases, and local maladies such as ainhum, are likewise considered.

The first 148 pages are devoted to malaria. The parasites and mosquito are extensively treated; the classification, symptoms and diagnosis of the various manifestations of malaria are fully and well described; the therapeutics are—English—good and conservative. There is not a dull page in the book.

W. B. Saunders & Co. have opened a branch of their publishing house in London.

A Text-book of Histology, including microscopic technique. By A. A. Boehm and M. von Davidoff. Edited by G. Carl Huber. Translated by H. H. Cushing. Cloth, 501 pages, 351 illustrations. Publishers, W. B. Saunders & Co. Price, \$3.50.

The terms in which this work is held in Germany, and the high standing of the American editor and translator, warrant the expectation that this volume will merit and win a ready welcome from our reading public.

A Manual of Chemistry, Inorganic and Organic. By A. P. Luff and F. J. M. Page. Published by Cassell & Co., Ltd.

Cloth, 18-mo., pp. 541, with 40 engravings.

This is an excellent manual, especially in organic chemistry. It is a fine manual for students. A method for the extraction of alkaloids in general is given, and the reader is referred to the B. Ph. for specific directions.

Here's a product of the West, book-writing and book-making: *Anomalies of Refraction and of the Muscles of the Eye*. By Flavel B. Tiffany. Published by the Hudson-Kimberly Pub. Co., Kansas City, Mo. Fourth edition, cloth, 307 pages, 188 cuts.

Even the patients' faces in the cuts have an alert, altogether Western aspect; and we are confident the child pictured on Plate IX, if asked what would be the Queen City of the West in 1950, would instantly respond, "KANSAS CITY!" Dr. Tiffany's book is well suited for the physician who finds himself impelled to take up the fitting of glasses. He will find herein the necessary information, intelligently expressed. The previous editions have received the commendation of eminent ophthalmologists, and the appearance of the fourth edition shows a creditable appreciation by the profession.

Stringtown on the Pike: A Tale of Northernmost Kentucky. By John Uri Lloyd, author of "Etidorhpa." With illustrations. New York: Dodd, Mead & Co., 1900. (See ad pages for special price.)

This work will interest physicians for several reasons: First, the author is known and respected universally for his fine work in pharmacology, and no less that, though an Eclectic from conviction, he is totally devoid of the rancor with which so many of the other schools look on the "regulars." Second, the remarkable superstitions of the old Kentucky

negro, the fatal application of the ordeal bean of Calabar, and the powerful arraignment of the chemical expert, who swears away the life of an innocent man on the supposed finding of strychnine by color tests, proved too late to be erroneous. Third, the keen interest in the story itself, as such; with the manners and customs of Kentucky during the civil war, the mountain feuds, the curious mixture found in the inhabitants of the straggling little town, and the unexpected arousal of the better nature in the besotted "Corn-Bug."

What particularly impressed the writer was the artistic skill with which the author weaves the supernatural into the story, so as to fully avail himself of its benefits in added interest, and yet never violate the canons of his art by transgressing the limits of possibility. Scott failed in every attempt he made to do this. In the "White Lady of Avenel" he introduced the supernatural, but the public refused to believe that a man could receive a mortal wound and turn up next day sound and scarless. The critics pummeled him so severely that in the second volume her ladyship was suppressed, and only appears in a jocular reference to the thickening of her belt, when the happy marriage of the heroine was followed by the to-be-expected results.

The only instance we can recall of the successful blending of the supernatural with the possible is De La Motte Fouqué's "Thiodolf the Icelander." In his "Undine," "Sintram," etc., this author frankly deserts the realm of the material and gives us frankly-acknowledged fairy stories. "Thiodolf" is his only artistic work; and we have met no second, until this of Lloyd's appeared.

In the trial of "Red-Head" a new light is thrown on the Kentucky mountaineer, who, in his dire extremity, turns to his feudal enemy and finds, underlying his hatred, a personal respect and readiness to help.

Much more we would like to say, but would not spoil the reader's pleasure by anticipating.

Condensed QUERIES Answered

PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

REPORTS AND SUGGESTIONS.

Report on Query: The case of leukaemia (?) is slowly but surely improving under the treatment suggested by you, but I have increased dose of nuclein and Triple Arsenates. I am giving 40 drops of nuclein hypo daily, and two granules of the Triple Arsenates every waking hour, berberine with meals and daily applications of ung. hyd. biniodide over region of spleen. I expect to have a blood examination made again and can then say more definitely what improvement has taken place. Case is now taking daily exercise in the open air.

George Hetrich, M. D.

Birdsboro, Pennsylvania.

QUININE HYPODERMICALLY.

Dr. J. A. Koch, of Golconda, Ill., writes that he antedates Dr. Harmon several years in the use of quinine hypodermically, liquefying it with hydrochloric acid. No abscess ensued. He injected 10 to 20 grains at one time.

Report on Query: I thank you for your kind answer to my request for advice in regard to my case of summer complaint. The baby had been sick since July, and I was following the Waugh treatment, as given in his book as near as possible. Your letter was received Sept. 29th. I immediately made changes in treatment, viz., increasing Bovinine, stopping brandy, and giving internally

turpentine, m. ij, iodoform gr. 1-67, hot inunctions of cod-liver oil. The principal trouble at this time was a bloody mucous discharge, with inability to digest. At present the child's condition is as follows: About two stools a day, which are normal in color and consistency, sleeps well all night, eats and digests everything we give it, is gaining flesh every day, and everybody is happy. The pills of iodoform and silver oxide seemed to do the work promptly.

I am trying the alkaloids and like them. Have four cases of typhoid fever now convalescent, which were treated according to Waugh; and I never had cases do better. One of these had a temperature of 104.5 the first time I saw it. I gave aconitine gr. 1-134 every half hour; moved bowels thoroughly with Saline and gave till convalescent sodium sulphocarbolate, about 60 grains a day. Temperature was normal in three weeks, and the case was mild, with no complications.

F. H. U., Pennsylvania.

QUERIES.

Query 1715:—PAIN IN NECK. A woman complains of a dead, aching pain in her neck, increased by a slight jar to an excruciating degree; no soreness of tendons or muscles. The affection has endured with intermissions for two years.

Coming to Chicago for a day or two, where can I see most surgery, especially of the abdomen?

L. J., Illinois.

This is so clearly a case for examination that I must ask you if possible to send the patient to this city. It is altogether out of the usual run, and I would not hazard an opinion without an examination.

In regard to the clinical work you wish to see, you had better go to Prof. J. A. Ochsner. He has clinics three days in the week; and once when I went there to an overflow clinic, there were six abdominal operations as well as many others. He has the largest surgical clinic in Chicago.—Ed.

Query 1716:—MUSCULAR CRAMP. Please inform us in regard to muscular cramps and their treatment. Glonoin is the best thing I have found for them, and for gall-stone colic.

J. R., Arkansas.

Muscle-cramps are relieved nicely by a mixture of glonoin, gelsemine and cicutine hydrobromate, a granule of each being given every ten minutes until relieved. Try it and let us know.—Ed.

Query 1717:—OBESITY. RHEUMATISM. I have a favor to ask of you. I have several cases on hand that I am trying to treat for obesity, also one severe case of articular rheumatism. Please kindly give me an outline of your treatment, something that you have used yourself. What success did you have? This may be a question hard to answer, but make a stab at it anyway. I have just located here and have three competitors to overcome that are leaving no stones unturned to starve me out. Of course, that can't be done; hard to keep a bound-to-get-there fellow down. Will you help me out on above? Information will be thankfully received.

H. C., Kansas.

Your obesity cases will do well if you put them on colchicine, as many granules per day as the bowels will bear. If there is a rheumatic diathesis add about twenty-four granules per day of lithium benzoate, gr. 1-6, and in all cases give a good flush with Saline Laxative two or three times a week, and put the patient on a restricted vegetable diet, limiting the variety rather more than the quantity. Each case, however, as a rule, has to be treated according to its own peculiarities, but these general rules will meet most cases. You have got to find out what the cause of the obesity is and then take a crack at that.—Ed.

Query 1718:—HEMATURIA. I am losing flesh from hematuria; the best in the United States and Europe have failed to cure me. Improved when on vegetable diet, but it returned. I crave acid fruit, acids, am bilious temperament; am going to try Urotropin and nuclein. Abbott's Saline Laxative is just superb—best ever introduced.

J. T., Maryland.

Add to your treatment fruit-juices in large amount, and try eucalyptol or oil of erigeron for the hematuria.—Ed.

Query 1719:—CHOREA. Please advise treatment for a case of chorea, six years' standing; girl 17 years of age; no neurotic tendency in family history. I first noticed her getting nervous, and it has been growing worse for six years. She cannot walk now, never tries, is plethoric, menstruation is scant.

J. H., Texas.

The prognosis in this case is very bad indeed, I would advise you to give cimicifuga, getting the fresh root, making a decoction of it and pushing it as far as the patient will tolerate it; keeping the bowels regular with Waugh's Anticonstipation granules and aseptic with the

Intestinal Antiseptics. Also apply ether to the spine once a day, and if benefit follows this, draw lines with lunar caustic the whole length of the spine, for deep counter-irritation. Gymnastic training of the affected muscles is of great value as well. Examine the genital organs also, and see if there is need for any interference there, and also the rectum. Unhooding the clitoris and dilating the anal sphincter have undoubtedly resulted in benefit in these cases.—ED.

Query 1720:—ROSASEA. Man, twenty-two, good habits, no specific trouble, perfectly healthy, except the end of his nose is red as if painted with carmine; also a similar spot on the right side of the forehead, and the right half of the chin. Occasionally there appear in these spots very small yellow pustules. The case is of ten months' standing.

Treatment: Internal, calcium sulphide. Antithermoline applied at night; during the day a saturated solution of boric acid—for four weeks, with very slight improvement.

Lady, 17, face covered with a mass of pimples which seem to have their origin deep in the skin; looks more like smallpox than anything else it could be compared with. This case is also of long standing, and is given up as almost hopeless; no specific trouble.

R. S., Missouri.

In the first case you should use arsenic sulphide. You had better also pass a bougie and see if there is not hyperesthesia of the urethra, almost invariably present in such cases. If so, treat it with good advice, and Euophen-Aristol with Petrolatum locally. Paint the spots with a solution of formalin, beginning with 1 per cent and gradually increase it as he bears it, to the full effect as an astringent. Keep his bowels clear and clean.

Pretty nearly the same advice applies to the young lady. Keep her bowels

clear and clean, regulate the menstrual function, give her arsenic sulphide gr. 1-67, with strychnine arsenate, gr. 1-30, three times a day, gradually increasing to seven times a day. In these cases there is almost invariably some irritation about the genital apparatus, which should be removed. A strong astringent is the best thing to apply to the face, of course, washing with borax instead of soap; and rubbing the face well with coarse towels, or even with a brush, has a good influence over the skin. When irritated, cold cream with a double or triple proportion of oil of rose in it, is a most valuable cosmetic, applied at night and thoroughly washed off in the morning.—ED.

Query 1721:—PERUNA. Kindly publish the formula for Peruna in your next number.

H. K., N. Carolina.

The formula for Peruna we do not know. If any reader knows it we would be glad to hear from him.—ED.

Query 1722:—DIPLOMA MILL. We have lately had an influx of men into this country armed with diplomas issued by "The Independent Medical College," "The Metropolitan Medical College," "The Medical University of Chicago," all of Chicago. All of these diplomas are signed by J. Armstrong, president. Please put us in possession of all the evidence you possibly can concerning Armstrong and his various diploma mills. What action has been taken against this man Armstrong by your State, or postal authorities? We need evidence very badly and I hope you can see a way to assist us. If so we will rid this county at once of these pretenders.

Any service you can render us will be greatly appreciated by the regular profession of this county.

J. M., Texas.

Under various names Armstrong and his associates have rendered themselves and Chicago notorious for diploma selling. The laws of this State practically allow any set of men to obtain a charter for a medical college on payment of \$25. As soon as the authorities have suppressed one charter Armstrong has another ready to go on with the same business. The Independent Medical College was thus suppressed. The Metropolitan was suppressed by the postal authorities for using the mails for purposes of fraud. Now I suppose the Medical University of Chicago comes next. The whole thing is fraudulent and has been exposed time and again. If you write to Dr. J. A. Egan, Secretary of the Illinois State Board of Health, he can send you the official records in relation to this man.—Ed.

Query 1723:—URICEMIA. I have some kind of heart or stomach trouble and I want your advice in regard to treatment. I feel good when I get up in the morning and always sleep well. I have sour stomach very often and uremic headache. I have had this for ten years. Sometimes it is a month before I notice it. I notice it more after I eat than at any other time. It is a full feeling. My heart seems to turn over or jump, sometimes a little intermission, but not all the time. I belch very often and when I exercise my arms I feel better. I am 6 feet 2 in. tall, weigh 175 lbs., have no bad habits. I have no pain except the headache mentioned. Please diagnose my case and give me your line of treatment.

B. L., Kentucky.

Your trouble is the gastric catarrh of uricemia. I do not believe your heart is affected, excepting as irritated by the condition of the stomach. Bring yourself down as closely as possible to the vegetarian diet. Keep your bowels regular with colchicine granules, in dose enough;

and take the new Compound Manganese tablets, from one to three before meals and one every five minutes when you have sour stomach, until relieved. I fully believe that this will soon give you the needed relief. Probably it would be of advantage for a while to take a good digestant like a full dose of Caroid with each of your meals.—Ed.

Query 1724:—RHEUMATISM. Lady, 50, seven years ago was attacked with rheumatism in her hands and feet. After great suffering for two or three weeks both gradually went away, but left considerable soreness and stiffness. It was not many weeks before she had another attack, similar but worse. This lasted longer and left more traces. To make it brief, in spite of all anti-rheumatic treatment, alteratives and diet, the attacks constantly recurred. The pains and swelling extended to her knees and hips, elbows and shoulders. She suffered many things of many doctors, but all apparently to little purpose. Her hands and feet became permanently misshapen, owing to the drawing of the tendons. Two years ago she ceased having acute attacks. She improved in health greatly and no longer suffered so severely, though she limps and is awkward with her hands, as the deformity is permanent. She is very anxious to get her limbs restored to their proper shape if possible. Can you suggest any medical treatment? I have put her on xanthoxilin and mean to add colchicine. If you consider these likely to be beneficial in what doses would you give them? As to the cause of her condition, I will state that I suspect a gonorrheal element from my knowledge of the husband. The case resisted all remedies and finally seemed to "wear itself out." She still feels considerable pain at times, and is very much handicapped in her movements. I used no granules in the first stages of her complaint, as I was not up to them then.

Case 2.—*DYSMENORRHEA.* Girl, 24, nullipara, twelve months after marriage

commenced having painful periods. The dysmenorrhea got worse in spite of all treatment. Now she is laid up several days each time. Six months ago she began to perceive a whitish pus-like discharge between periods. This is now quite profuse, and she sometimes has pains below right ovary. Vaginal examination shows considerable constriction near the vaginal orifice, and the speculum enters with pain and some difficulty. The os uteri also seems unnaturally tight, and a milky fluid constantly exudes. I treated her husband for gonorrhea the first year of their marriage.

B. B., Georgia.

In your first case, regulate the woman's bowels by colchicine, giving enough for that purpose. Give her calcium sulphide one grain and arsenic sulphide one granule before and after each meal and at bedtime, making seven doses of each every day. This will soon show you if you are correct in your diagnosis, as within a week she will begin to improve. Very likely there are adhesions around the joints which will require massage with hot camphor liniment; possibly you may even have to break them up under anesthesia.

The second case appears to me also undoubtedly gonorrheal, and I would give the sulphides in this case as well, using also the W-A Vaginal Antiseptic; and when the woman is decidedly better, if the disease still remains in the uterus, apply Europhen-Aristol with Petrolatum on a cotton-wrapped probe, and you will complete the cure. Some features about the first case make me think that rhus might be a good addition to the treatment.—Ed.

Query 1725:—DIABETES. Patient probably had specific trouble years ago. Only one time has there been any improvement in urine. That was when Arsenauro and Mercauro were first

given, in June, 1899. Since then sugar in large amounts has always been found. Patient's weight is 240, 6 ft. high and seems in perfect health. In 1899 was troubled with furunculosis, but that soon disappeared under treatment. What can be done for him now?

J. K., Louisiana.

Give Arsenauro and push it to full toleration, continuing it for a number of weeks after the disappearance of the sugar. If for any reason you cannot give this remedy try Eulexine, which you will find advertised in the CLINIC. I am well acquainted with the gentleman who is handling Eulexine, and he has told me some remarkable stories of its efficacy.—Ed.

Query 1726:—RHEUMATOID GOUT. My wife has been suffering with arthritis-deformans for twenty years, gradually getting worse until now she has to use crutches. I have tried many remedies with little benefit, mercurials, iodides, other alteratives, Hot Springs, massage, liniments, saline laxatives, cathartics, outings in the mountains, etc., with little benefit. She weighs 175 pounds, 55 years old, health good otherwise, digestion good, urine normal with a slight deficiency of urea.

Can you suggest any help? Would a change of climate to Southern California be beneficial?

J. W., Idaho.

My advice in this case is that you at once obtain a Betz Hot Air apparatus and put your wife in it. The strictly vegetable diet is a valuable addition. Calcium sulphide to full saturation is worth trying, and some years ago Aulde recommended nuclein highly in this disease. If you use the latter inject 20 minims of the strong solution twice a day. The little doses would hardly have much effect.

Southern California is a fine climate for the rheumatism, but I think with

Betz' aid you can cure this case without necessitating the change.—Ed.

Query 1727:—HEART-DISEASE. Urine sent for examination. J. D., 44, suffering from organic lesion of heart, general œdema, especially about eyelids. About fifteen months ago his feet swelled, but this disappeared in a month; eyelids swelled fifteen months ago. He also has spinal irritation. He has drank to a considerable degree; two years ago had heavy financial losses; slight cough with dry expectoration. Enclosed please find \$2.00.

T. B., Kentucky.

The report would indicate that this is a case of cardiac dropsy; for which I would advise, first, the dry diet, limiting the patient as closely as possible in the use of liquids; second, apocynin two granules, and the tincture of chloride of iron ten drops, to be taken every three hours while awake; the diet to be rich in substance, concentrated in bulk. If he takes in less water than he puts out the dropsy is bound to get better.—Ed.

Queries 1728, 1729, 1730:—PHTHISIS. I send sample of sputum for examination. Man, 60, worked fourteen years cutting valentines; the backs of which were covered with bronze which flew all over him; left the work four years ago; has had bad cough many years, lately much worse; can't sleep over half the night; raises thick yellow phlegm with bad odor, breath very bad. About twice a year he has a sick spell, goes to bed for a week or two, then gets back to old condition; some bronchial rales, heart weak, no fever. One doctor called it catarrh of stomach, another chronic bronchitis. I call it old-fashioned consumption. I have had him on strychnine, nuclein and quinine; also gave him your treatment for consumption, which works like a charm in most cases, but does him no good.

ATAXIA. I have a patient 35 years old, in the pre-ataxic stage of locomotor ataxia; has a specific history of fifteen

years' standing. Has had lightning pains and trouble with vision for two years, dizzy spells, etc. Books do not give much encouragement for treatment, but the alkaloids are doing so much for other diseases I thought you might help me out in this case.

MENORRHAGIA. I have a woman who menstruates every two weeks, for one day only; then her throat gets red, inflamed and sore, burns and is very distressing for a week or ten days. This has been going on a number of months. What will regulate her menses, and what is good to start the flow when it stops?

E. L., Massachusetts

The sputa contained streptococci, diplococci and pneumonococci. Were you to cut into this man's lung you would undoubtedly find it loaded with the bronze powder, each particle surrounded by a zone of chronic inflammation. Into this diseased organ have entered three or more swarms of micro-organisms, but as yet no tubercle bacilli.

Continue your present treatment, clear out all the secretions from the pulmonary tract by five-minute inhalations of the steam of boiling vinegar, then spray thoroughly with Euphrophen-Aristol with Petrolatum, directing the patient to draw it well down to the bottom of the lungs. Not only will this combat the chronic inflammation, but the iodic compound may help to dissolve and carry out some of the metal deposited therein. If he still does work of that kind he should use a respirator. Otherwise build him up in every way known.

For the ataxic man, get rid of every possibility of syphilis by a long, full course of mercury biniodide, a granule six to twelve times a day, with one of strychnine arsenate at each dose. Keep the bowels clear and clean.

For the lady, give potassium permanganate, iron arsenate and alumin, a granule each every waking hour in the intervals,

and during the menstrual week add to each dose a granule of sanguinarine nitrate. If the same symptoms occur stop all and give senecin, a granule hourly till the flow appears. Keep her bowels clear and clean.—ED.

Query 1731:—DOSAGE. You give full explanation of the origin and physiologic action of drugs, but do not state very clearly how the drug is given in reported cases, how much or when. I would like to know when it is best to use hypodermic solutions, how much to use, where to inject in certain conditions; for example sciatica, neuralgia of the fifth nerve, spinal irritation or coccydynia, if useful for such conditions?

C. H. M., New Jersey.

We often leave out the question of dosage simply for this reason—the cardinal rule is “dose enough.” Give the regular dose every 5 to 60 minutes until the desired effect has been obtained.

When should you use the hypodermic? Whenever you want a quick action, when the stomach is irritable and you wish to spare it, and in using drugs like nuclein, which you wish to introduce into the system without having them run the gauntlet of the digestive fluids.

How much to use? Enough to produce the effect. If you wish a powerful, sudden action, use a full dose once only. If you wish the steady infiltration of minimum doses, it is best to give by the stomach. In all neuralgic affections, inject as near to the affected nerve as possible, as you thus get a valuable local effect.

I trust our readers will feel moved to enlarge upon this subject.—ED.

Query 1732:—ETHICS. Occasionally a physician is accused by the friend of a patient of causing that patient's death. Were any of the CLINIC family ever in this unpleasant position? The writer in

ten years of practice has encountered such an accusation but once. The man who made it, the husband of the woman that died, was not a fool either; on the contrary he is perhaps above the ordinary intellectually, and inclined to be straightforward and honest.

In the particular case the woman was badly managed in a confinement by an uneducated person, called by courtesy a midwife. For some months she was under the writer's treatment, improving in health, though far from well. The writer, owing to sickness in his family, was compelled to make a sudden departure to a low altitude, and in his absence and under the care of another physician a few weeks from the writer's departure, the patient died. The husband and widower intimates that the later physician in the case impressed upon him the theory that the patient's death was due to faulty treatment in the past.

This may be the fact, for how often does Dr. No. 2 say to the patient coming from another doctor: “And why did you not send her to me before?” And when the fatal termination comes and the thought is arising: “Well, well, if Dr. No. 1 had only stayed this never would have been,” then is the time that Dr. No. 2 is likely to remark: “Oh, if I had taken her case first I might have saved her”; (and the look says more) and the widower goes away with malice in his heart to Dr. No. 1. Now, will the editor kindly make one of his laconic observations? How best to deal with these accusations that strike us like thunderbolts sometimes?

C. B., Utah.

What is the best thing to do, depends on the circumstances of the case other than those you have mentioned. If there is a reasonable prospect of success you should at once lick the other doctor soundly, and send word to the widower that the same treatment is at his service any time he shows up. If, for personal reasons, you consider this course inadvisable, obtain the legal proof of the remarks supposed to be made by the two

men and sue them for slander. This has a wholesome effect in teaching people the wisdom of keeping their mouths shut, in matters affecting a doctor's reputation. I know of no other effective way of preventing such occurrences.

With one exception: If you have a chance to do a service for that doctor, so big that it will make him heartily ashamed of himself, do it. We have good authority for the belief that this is an effective means of dealing with an enemy or a detractor.—ED.

Query 1733:—GONORRHEA. I intend to use Europhen-Aristol with Petrolatum in a case of gonorrhea, which I treated with Norwich gonorrheal crayons, combined with the internal administration of calcium sulphide, beginning neither until the discharge was well established and fever gone. The discharge lessened gradually and finally ceased, when there appeared the symptom of frequent urination during day, without the least pain; urine having the horse-urine odor, and depositing quite a copious sediment of mucus, partly broken down or decayed. Together with the symptom came a balano-posthitis, part of the mucous membrane breaking down, leaving an ulcerated surface which has since healed. The membrane of foreskin is thickened, reddened and discharges a profuse flow of catarrhal fluid. Now, is this a result of too vigorous and astringent applications (the crayons) or otherwise? I think the prostatic urethra and neck of bladder are both affected by either the gonorrheal ulcer or by super-astringency destroying the tissue. The balanitis I am unable to account for. The man has never experienced a bit of pain anywhere nor any other symptoms, objective or subjective, than as mentioned. I thought to try the Europhen-Aristol with Petrolatum on him. Could you advise further?

I am glad to report on Query 1524, that the lady with rosacea has entirely recovered under the treatment named, barring the anticonstipation granules,

as her bowels always were a little too free. Many thanks to you for your Query department.

W. R. B., Iowa.

I judge there has been an extension of the malady into the bladder. Insert the syringe the full length, then gently inject about half a dram of the mixture and with the finger in the perineum press the fluid back into the bladder. Use this just after urination, and before using it flush out the urethra with a hot solution of potassium permanganate. Continue the calcium sulphide. It would of course be satisfactory to examine the discharge and note whether the gonococcus is still present or if some other micro-organism has added its effects. For the ballanitis I would also apply the Europhen-Aristol with Petrolatum. I think that it is due to the same micro-organisms. After using the Europhen-Aristol with Petrolatum on the balanitis let the patient wash the parts thoroughly three times a day with a solution of chlorinated soda, one dram to the ounce.—ED.

Query 1734. RHEUMATISM. My wife is suffering just now a recurrence of rheumatism, which she first felt five years ago. The attacks come on irregularly, and their frequency, probably, six or eight times a year; sometimes in the intercostal muscles and sometimes in the lumbar, then again in the muscles of the arms, legs, back, and as she expresses it, "all over." She is getting tired of the "usual remedies," and wants to try something else. I am thinking of trying the Betz Hot Air apparatus, and what I desire of you is to tell me the most useful outfit. It seems to me that the one for the whole body would better reach her case, but that is expensive. If the other outfits advertised would do my wife the same amount of good, and meet the indications of the majority of cases I might have to treat, I would prefer one of the cheaper outfits; otherwise I would order the more expensive "whole

body" outfit. I am trying to limit my practice to gynecology, but having practised medicine in this community for nearly forty-four years, I find it impossible to refuse to see my neighbors when they get sick, and when they send for me I give them the alkaloidal treatment pure and simple. Many have been the agreeable surprises I have experienced and which I thought of writing you of, but before I could do so some other fellow would get there first.

D. J., Kentucky.

I do not comprehend how you could manage your wife's case with anything excepting the large Betz apparatus, as the myalgia is so general. Dissolve a dram of guaiacal in eight ounces of cod-liver oil, add one dram of Sander's eucalyptol, and use it as a liniment, rubbing it well in wherever the pain shows itself in side or back, every morning and on going to bed. Keep the bowels clear and clean, and by all means use the bath. Regulate her diet, coming as near as you can to the vegetarian regime, and see that she takes a sufficient amount of exercise. This is best done on rising and before she goes to bed, while she has on no corsets. The Swedish movements would be specially useful in that case. Suppose you add calcium sulphide to full saturation, on the theory that there may be some microbic infection keeping up the difficulty.—Ed.

Query 1735:—TUMOR. Woman, 50, eight children. Taken ill three years ago, uneasiness in gastric region, loss of appetite and general decline. A year ago a "lump" was noticed in the stomach by the patient, and subsequently a pulsation in this tumor, with pains, nausea and occasional vomiting, the pain constant. There has been no blood or dark vomit. In addition considerable emaciation and a loss of perhaps 18 or 20 pounds of flesh. Had also pain in region of the kidneys, painful micturition, pain in the uterus, radiating down the inside of

the thighs, dizziness and head swimming. Has been treated by five physicians with little or no benefit. I found a pulsating tumor two inches above the umbilicus, a little to the left of median line, size and shape of a large hen-egg, the longest axis from above downward, presenting a smooth oval surface like that of an egg. This tumor appears to be inside the stomach. The pulsation could be seen a distance of ten feet at first and is synchronous with first sound of the heart. Further examination disclosed uterus considerably enlarged, nearly immovable, cervix dark purplish red color, and an ulcer in the cervix as large as a butter bean. Discharge from uterus of a tenacious glassy muco-purulent character, also occasional hemorrhages. Had cystitis also and chronic constipation. Under the present treatment she is relieved of all bladder and bowel trouble, the uterus has become nearly normal in size, the ulcer in the cervix is doing first rate, in fact much better than I expected. Patient claims to be considerably better in every respect, skin cleared up, appetite markedly improved. The pulsating tumor in stomach is not visible now and can scarcely be felt through the clothing, but by grasping the tumor is plainly felt and the size is but little if any reduced. I at first thought it an aneurism, and it may be, but it is movable. What is it? How would you treat the case? And what is your prognosis? I am a beginner in alkalometry and am well pleased with the results so far. The CLINIC is by far the best journal that visits my desk for the busy doctor.

R. A., Kentucky.

The tumor you describe is the aorta thrust forward where it passes from left to right across the projecting bodies of the lumbar vertebrae. I have described in the "Treatment of the Sick" this curious phenomenon, and how I several times mistook it for aneurism.

Your treatment is good and I see little reason for suggesting any change. The prognosis is good. Keep her bowels clear and clean and build her up, and

you will bring her through all right.
—Ed.

Query 1736:—BLINDNESS. Three weeks ago I wrote you concerning a youth who had gone blind. You diagnosed amblyopia from tobacco (unquestionably correct). You suggested strychnine nitrate, mercury biniodide, arsenic iodide and iodoform, Saline Laxative q. s. to keep the bowels soluble, etc.

Well, the young man has gained flesh considerably and his color is good, has splendid appetite and sleeps well. There has been considerable improvement in the right eye but none of consequence in the left. I still have him on the same. I could do nothing earthly with his bowels with Saline Laxative, but regulated that trouble nicely with the "Eclectic Pill," put up by Dr. C. H. Stimpson, which has for the past ten or twelve years given perfect satisfaction in my hands. I believe him to be doing tolerably well and have just sent him 100 doses each of the same treatment.

Would you still keep up the same or have you any further suggestion to offer? I am having No. 1 success with the alkaloids; am not fairly started in the use of them yet, but think I may continue to use them if my results keep tally with past ones.

R. P., Kentucky.

Your report seems quite encouraging. Continue the treatment, except that he had better also open his eye into cold water five or six times a day, so as to allow the cold water to wash the ball of the eye, not simply the eyelid. Let him plunge his face into a basin of water and open his eye under water. It is a powerful stimulant.—Ed.

Queries 1737, 1738, 1739:—GASTRITIS, GALL-STONES, ASTHMA. Lady, 20, blonde, well nourished, constipated, very nervous; some indigestion, acid, some pain during menstruation but nothing severe; no displacements, no heart-trouble; inclined to melancholy; very acid urine, excruciating pain on voiding

same and a desire to do so very frequently. This condition for fifteen months. Examined her closely for calculi but found none. Stomach and bowel condition improved, but bladder-trouble worse if anything. Trouble seems to be in neck of bladder and urethra. Have had bladder flushed with boric acid water followed with silver nitrate, and dilation of urethra; internally, Lithiated Hydrangea. There will be times that for two or three days she is perfectly free from pain; then again for seven or ten days she has continued pain, aggravated when voiding urine. Since dilatation of urethra she has difficulty in retaining urine.

Case 2: Biliary calculi; two years ago he passed a large stone, and has had fair health until four or five months ago, since when he has had "colicky snells." Great quantities of gas form in stomach and bowels, and digestion is very poor. Constipation.

Case 3: Chronic asthma, with catarrhal and bronchial irritations.

B., Iowa.

Regulate the young lady's bowels by the use of colchicine, bring her down to the vegetable diet, and keep her bowels antiseptic with from three to seven W-A Intestinal Antiseptic tablets daily. When she has the attacks of acidity or indigestion the new Compound Manganese tablets meet the condition exactly. Give one every five or ten minutes until she is relieved, preferably in solution. The irritation, I believe, is due to the acidity of the urine, and the treatment recommended will relieve that; while strychnine arsenate would be useful to restore the contractility of the neck of the bladder, with hyoscyamine amorphous to subdue any undue irritability. These, however, are unnecessary if the dominant treatment suggested succeeds.

For your case of biliary calculi I would forbid fats and fries and rich food generally; make him masticate his food thoroughly and avoid cold drinks and ices.

Let him take a full dose of Maltine with Pepsin and Pancreatin with each meal and give him copper arsenite gr. 1-1000 before and after each meal and at bedtime; for the constipation a full dose of Saline Laxative in a glass of cold water in the mornings. If you conclude that biliary calculi are still present, add to this sodium succinate gr. 5, four times a day, and let him continue it from six to twelve months.

In your case of asthma I would strongly advise the use of Europhen-Aristol with Petrolatum applied to the respiratory tract with an oil atomizer, giving internally strychnine arsenate gr. 1-30 before meals and at bedtime, increasing to the full toleration of the drug.

The asthmatic paroxysms should be met by a granule each of hyoscyamine amorphous and glonoin, repeated every five to ten minutes until effect, applying mustard over the right pneumogastric nerve in the neck.—Ed.

Query 1740:—FEVER. Young man came home from city five months ago, not feeling well, no special symptoms excepting weakness. A week later was taken with severe pains in abdomen near umbilicus. It continued several days before relieved. Since that time the pain troubles him by spells. At times he is free of it and feels very well, able to be out of doors, then comes the pain and sends him back to bed. At times there is some gas in the bowels, other times none. The pain often comes on immediately after eating; kind of food seems to make no difference, for it is just as apt to come after eating milk as anything. Pain does not extend to other parts, no pain or tenderness in stomach or either inguinal region. There is slight tenderness on deep pressure where the pain is felt. Last week in one of his attacks there was a little tenderness in right inguinal region, but he was free from pain on Saturday, and around town. There has been no fever with the at-

tacks except the one last week and it (the fever) lasted only a few hours. He is anemic and thin. My treatment has been salines, zinc sulphocarbolate and salol for bowels, strychnine, iron, arsenic and Bovinine for building up, but the trouble is still there, and he does not gain in flesh or strength. Of late he says he has pain most of the time, but hard only by spells. What is the cause of the pain and what treatment would you advise? Foods directed were eggs, milk, beef, etc., none of which he will take in any amount.

L. K., Michigan.

I think that young man is breeding typhoid and would suggest that you empty his bowels completely by Saline Laxative and two or three colonic flushings. Put him on a strict diet of skimmed milk and give seven to twelve W-A Intestinal Antiseptic tablets daily. If at the end of a week he is not well, add to this a five-minim capsule of oil of turpentine four times a day and I think you will have no further trouble.—Ed.

Query 1741:—FEVER. We have a continued fever called by the people slow fever. It is a malarial or bilious fever of a low type, with some typhoid symptoms, and has been christened typho-malarial, a very good name for it. I have tried the Dosimetric Triad, and also Defervescent to abort it, but have failed to do so. It will continue 18 or 20 days and sometimes longer. Can you suggest a dosimetric combination that will abort or cut it short?

P. J., Texas.

Whether this fever is malarial or typhoid, or both, could be determined by an examination of the blood and the stools. I would not use the Dosimetric Triad in this case, excepting to reduce the fever, but would empty the bowels with Saline Laxative and disinfect them with the W-A Intestinal Antiseptic, in

sufficient doses, seeing most carefully to the hygiene of the house and the vicinity at the same time. Used early, I would confidently expect this treatment to abort the attacks.—Ed.

Query 1742:—DEFORMITY. Mr. I., 23, four years ago cleared up a tract of wet bottom land, doing most of the work himself. His feet and sometimes most of his body were wet for hours every day. If he stopped to rest it was by sitting or lying on a log that was too wet to burn. While at this work he developed spinal rheumatism. The painful attack lasted several weeks in spite of the remedies used. After it subsided he inclined his body backward and to the left side. He does not remember now why. For several months past his body is bent slightly forward and to the right, so much so that the right shoulder is $1\frac{1}{2}$ inches lower than the left. Physical examination shows a shrunken condition of the right half of his chest—with hardly any respiratory murmur, intercostal spaces very much retracted up to the sixth or seventh rib. There is no part of the chest where either the lung or bronchial sounds are abnormally loud. He complains of no pain and otherwise his health is and has ever been good. He is very energetic. He is successfully conducting a grocery store besides his mother's farm. He was alarmed a few days ago by a physician whom he consulted, who told him that he was very far advanced with consumption. He coughs or spits very little. I send with this what he raised this morning by expectoration, also \$2.00 to pay for analysis, which please send, also suggestions as to treatment.

J. M., Mississippi.

The case evidently started with a pleurisy, which accounts for the present deformity. Whether tuberculous at first or not, there is now not only a tuberculous infection but several other micro-organisms have joined in the destructive work, as shown by the report of the laboratory. The treatment we would advise is that laid down by Dr. Waugh in

THE CLINIC of August, 1899, to which we would refer you.—Ed.

Query 1743:—CYSTITIS. I send you by this mail a sample of urine for examination. S., 19, single, had incipient pulmonary tuberculosis from twelve to fourteen years old. Improved in this respect but had another attack of same kind two years ago. Now has unmistakable evidences of phthisis, though he keeps up in flesh fairly well. Two months ago came to me complaining of symptoms of cystitis, for which I prescribed with marked improvement; but one month ago had recurrence of this trouble, which failed to yield to treatment. Urinates every 15 or 20 minutes, at times very bloody, and the act is painful. After irrigating bladder he will experience relief from pain for 24 to 48 hours and will urinate less frequently. Specific gravity of urine has ranged from 1018 to 1030, quantity in 24 hours about 60 oz. His bladder capacity is very small, not being able to retain more than $2\frac{1}{2}$ oz. water. At times he suffers with pain in back, in region of kidneys, at other times is free from pain there. Treatment has been varied to meet the indications in the case, but he seemed to get more relief from Sanmetto and irrigation of the bladder, than from anything else.

L. E., Indiana.

Note that there is albumin present, with a great deal of pus. The case is one of cystitis and the history would point to vesical tuberculosis. The remedy I would suggest is salol, 20 grains a day. I have, however, obtained considerable benefit from arbutin and lithium benzoate, a granule of each every hour while awake, using a little hyoscyamine at bedtime to soothe the irritated bladder and allow longer sleep.

Internally, the building up diet and regime in all its forms, nuclein and the Triple Arsenates in full doses, good food, but rest as much as possible. For a decided hemorrhage from the bladder

give the oil of erigeron or eucalyptol, five drops of either, three or four times a day. It is not certain that the case is tuberculous, as a tuberculous patient may often have tubercular cystitis, but of course the chances are the other way. If so, you know the prognosis without my telling you.—Ed.

Query 1744:—WILD HAIRS. What is the best treatment for blepharitis marginalis with wild hairs, the roots of lashes black, large and stubbed? Is it a good idea to remove the eyelashes, which seems to lessen the tendency towards styes? The margins of the lids are somewhat thickened, more than half the hairs are bad, and if left in for a time there are styes, and the eyes feel like sand on conjunctiva, especially when reading much. Can read very little by lamp at night. Glasses have been fitted by a specialist to correct error of refraction.

O. D., Texas.

Remove the crusts along margins of the lids with warm saturated solution of bicarbonate of soda. If ulcerations are found after removal of crusts, touch them with 2 per cent. solution of silver nitrate. Remove all offending lashes with epilation forceps, and if necessary repeat this frequently. Apply to margin of lids thrice a day and rub in thoroughly 2 per cent. ointment of yellow oxide of mercury. The general health should be carefully looked after. Most of these cases need iodide of iron, hypophosphites and cod-liver oil. In this case I fancy a painstaking test of the refraction under atropine would result in good as there probably is a portion of the astigmatism or a muscle weakness that has not been corrected.

HUGH BLAKE WILLIAMS, M. D.
100 State Street, Chicago.

Query 1745:—GOUT. Patient, 31, male, sedentary life for a number of

years; active brain and nervous temperament, with muscular body, torpid liver and stomach atonic and catarrhal. Lower bowel slightly catarrhal also. Ever since a small boy has had deposits of urea (presumed to be) under the skin, along the course of the cephalic vein in the axillary region of left arm. As time went on the deposits became more numerous, until now there is quite a patch of them. In various other parts of the body are to be found single deposits. They feel like shot under the skin. Of late the patient has been annoyed with a stinging pain in the head. The pain seems to be on the surface of the brain in the region of fissure of Rolando, and descending downward toward the fissure of Sylvius, right side. Sometimes numbness follows these pains down to the middle of the cheek. Possibly the word numbness would describe the sensation in the brain. The other day while walking, consciousness was lost for a second with a tendency to fall towards the left. These pains are constant most of the time.

I attributed the trouble to the deposits lodging in the capillaries on the surface of the brain. I forgot to say in the beginning that the patient has attacks of articular rheumatism, mostly in left knee and shoulder, and has had for years, ranging from mild to severe forms.

Patient's left calf measures fourteen inches, right calf fifteen inches. The whole left is not as highly developed as the right side.

F. B. W., Colorado.

You speak of deposits of urea under the skin. Do you mean urate of soda, and the gouty tophi? I do not quite "catch on" to your "deposits of urea." The case looks to me like one of uricemia. If so, make a vegetarian of him, keep his bowels a little loose with colchicine and give strontium iodide, 20 to 40 grains a day for a while, cooking the rheumatism out of his joints with the Betz Hot Air bath. You might find Uricedin of much value in this case. It has been used by a patient of mine with great satisfaction. Give abundance of water to drink.—Ed.

Query 1746:—CHRONIC DIARRHEA. Boy, 2 years, four months ago taken with vomiting and diarrhea, no blood, digestion weak, stomach and bowels full of gas; stools green, offensive, containing much mucus; excoriated about anus, kidneys acting poorly, child much emaciated and crying for food all the time, no fever.

Prescribed calomel gr. 1-10 every four hours till stools changed, then gave one-half teaspoonful of the Neutralizing Cordial every two hours; milk an ounce every two hours; nuclein one tablet every four hours.

The mucus has entirely disappeared, stools normal, child has gained some strength, can sit alone, but still has gas in stomach and bowels. I also give pepsin with the food, and have increased food to 3 oz. milk, one and a half of lime water, with 30 grains of sugar of milk, every three hours. I have him rubbed with warm cod-liver oil daily.

How am I to get rid of this gas? He is slightly inclined to be constipated. Shall I send him to seashore for the winter?

What shall I do for following case: Lady, 21, single; tender over kidneys, some pain, œdema of wrists and ankles, good appetite, fond of sweets, no energy; urine 40 ounces, sp. gr. 1022, slightly alkaline, no albumin or sugar; menstruation regular and normal, pulse good.

G. H., N. Carolina.

In regard to the boy, put him on Bovine and raw white of egg instead of milk, adding well-toasted stale bread later, or rye-flour browned in the oven and made into a pap; also silver oxide gr. 1-6, twice a day. It might be well to flush the colon with hot water containing a grain of Protargol to the ounce. Otherwise your treatment is fine. Sometimes a little brucine aids in getting rid of the gas, or you may give a little oil of turpentine with great advantage. I think the sea air would be good for him through the winter.

In regard to the lady, the alkalinity of the urine is peculiar. I would suggest dilute nitric acid, ten minims in water before each meal, with careful regulation of the bowels, feeding up right well; and nuclein with iron arsenate if anemia is present. Stop the sweets, and give wholesome, easily digested food. If her heart is weak, give apocynin, a granule every two hours.—Ed.

Query 1747:—TRICHINOSIS? A boy, 17, eight weeks ago went to learn watch-making. After five weeks awakened one morning and found that he could not grasp his watch enough to get it out of his pocket. He got out of bed with great difficulty and could hardly walk, his limbs were stiff and pained him greatly. Last Sunday I found him like this: Bright, small for age, had been very active, never had severe illness, parents living and well-preserved old people, brothers and sisters fair looking, healthy people. His skin was normal, pupils normal, temp. normal, felt well, ate heartily, slept well, no headache, reflexes normal, sore down the back of thigh and calf of leg. Gets up from chair with difficulty, walks stiff-legged, like an old man with ataxia, cannot take a firm grip with hands, cannot move his toes much, neck a little stiff, has been about like this ever since taken. On reaching Evanston he had an attack resembling cholera morbus, lasting a week, but as he gradually improved he thought nothing of the attack.

From the meager history given I have concluded the boy had ptomaine poisoning from something he ate or drank. I put him upon quinine arsenate, digitalin, nuclein and calcium sulphide, two granules of each before meals, and a tablespoonful of Hemoboloids after meals. He is somewhat improved, not so sore, walks a little better, his bowels are regular, tongue clean. His heart when I first saw him was rapid and rather weak. It is now apparently normal. I am at a loss on prognosis in this case and he is apparently at a standstill.

H. I., Wisconsin.

I have read your letter carefully, and so has Dr. Epstein, and would suggest the possibility that this is a case of trichinosis. What other affection commences with gastro-intestinal irritation, followed by muscular disability? You do not say whether he had fever during the primary attack or not, but simply that he had no fever when you examined him. Nor do you mention whether the muscles affected were swollen or not. It would be a good idea to examine a specimen of one of the affected muscles, or even to examine the feces if he objects to contributing muscle for that purpose.

As for prognosis, the fact that he is improving is significant. Give him laxatives and intestinal antiseptics, and if there is still acute infection calcium sulphide, seven grains a day. If from the symptoms you believe the difficulty is now simply the result of the malady, give sodium iodide, 40 grains a day, keeping up his strength and treating other symptoms as they arise.—Ed.

Query 1748:—HEMORRHAGE. Lady, 53, menopause not complete, dark skin, small, four years ago commenced vomiting food, not constant, seldom sour, no pain; about 1½ years ago she began to vomit blood, dark, at intervals of two weeks, no regular time, lasting twenty-four or thirty-six hours. Says it comes into throat and she lets it come up, can at times keep it back. One day last week threw up some bright red. No pain in stomach, appetite most always poor, may be for a week excessive, bowels constipated. She is very energetic and will not stay in bed but will work. Family history good. Please give treatment and prognosis.

J. H., Ohio.

I do not make out from your letter whether the blood comes from the stomach or the lungs. Blood welling up as you say should be from the lungs, but the

color would indicate that it came from the stomach. The treatment would be to keep her bowels a little extra loose with Saline Laxatives, or better with Waugh's Anti-constipation granules, as they are strongly hemostatic. Let her diet be somewhat sparing and small in bulk.—Ed.

Query 1749:—EPILEPSY. Shoemaker, 29, subject to epilepsy thirteen years. First attack came when the patient was apparently in perfect health, and for eight or nine years no warning preceded the spells, but since then gastric auras give warning of the attacks. About two years ago he took several bottles of Kline's Epileptic Cure, and a long period followed during which he was free from attacks. Within the past few months his trouble has returned, but lacks the violence of former years, although it is almost as annoying as then, and instead of "grand mal" it has taken the form of "petit mal." The patient thus describes his symptoms: "A sense of coming danger is the first thing noticed, followed by partial unconsciousness, which soon passes away, only to return with a rush of blood to the head, which has a strained bursting sensation. Accompanying this is a strange fluttering sensation in the stomach, attended by weakness of the legs, palpitation of the heart, dizziness and a general sense of weakness and an agony of dread."

The patient has poor appetite, little sleep, awful dreams and general weakness. Brain scarcely ever clear. Have given him Anti-epilepsy granules, but without improvement.

F. L., Massachusetts.

First tell this man that the treatment must be chronic and that unless he obeys directions he might as well "fit" it out the rest of his life. Then empty his bowels completely with strong cathartics and keep them regular with Waugh's Anti-constipation granules. Put him on the vegetarian diet, forbidding cheese, milk, beans and peas, as well as meats, and

keep him rigidly on this diet. Give him also verbenin, three granules before each meal and on going to bed. Add one granule to each dose every time he has a fit. Examine his urine or teach him to examine it daily, and whenever there is a disappearance or marked lessening of uric acid give him half an ounce to an ounce of sodium bromide within the twenty-four hours. You will find the disease will gradually improve, and if he perseveres, and so do you, that you may cure him. You had better examine that young man's rectum and genital organs and see if there is any cause of reflex excitation. Circumcise him if there is the slightest indication, and give him chloroform and dilate the anal sphincter to its fullest extent. Better do this anyhow.—Ed.

Query 1750:—MYELITIS. Last summer I attended a lady in confinement and had occasion to get on the bed to assist her. In that position I had a very tired feeling in my left hip, which soon extended to my right hip and down both legs, the latter feeling as if they were asleep. An opiate soon relieved that sensation. Next day the gastrocnemii muscles were contracted so as to make walking uncomfortable. The next day I drove 21 miles without any inconvenience, but during the night from my hip down I suffered a good deal of muscular pain, which prevented sleeping. I took salicylates, iodides and arsenic with little relief. I suffered from insomnia and tried hot baths with no improvement, still suffered with muscular pain in my legs. After being sick two months my feet and ankles felt very cold to me, but natural to the touch; walking became more painful and the soles of my feet very tender, and now when I attempt to stand they are painful, but when I lie in bed they feel perfectly easy. The old toe-nails are growing out and new nails taking their places. Beneath the old nails there is a spongy substance which is not flesh.

The insomnia continued two months, but when I happened to fall asleep I would awake in a state of delusion, but

could soon collect my thoughts, and was entirely rational.

My physician recommended a change to Virginia, to which I came a month ago. I have been drinking mineral water, which acts freely on the kidneys. My appetite and digestion have improved. I sleep well and my bowels are regular. For the first week after I was attacked I suffered retention of urine for twelve hours at a time, but was generally relieved without treatment. My urine was examined and found normal. I have used massage. From my hips up I am as well as I ever was.

Would you advise me to use my feet while they are so tender? Can you suggest anything which will relieve the atrophy of the legs and the tenderness of the feet?

B. N., Virginia.

From your description I judge that the case is one of myelitis, and I would suggest that you apply counterirritation over the spine. Wet the skin, then take a crayon of lunar caustic and draw four lines the whole length of the spine, half an inch apart. Massage is undoubtedly of great value. I would also recommend the use of the Betz Hot Air as a powerful eliminant.

Internally, take zinc phosphide gr. 1-6 and strychnine arsenate gr. 1-30, from three to six times a day, to powerfully stimulate the nutrition of the nerve-centers. Add to this nuclein solution, from ten to twenty minims hypodermically once a day, keeping your bowels absolutely clear and clean, and you will get well in great shape.—Ed.

Query 1751:—CYSTITIS. I'm more than pleased with Europhen-Aristol with Petrolatum. My patient, an old man, I'm sure I'll cure. Have been treating him only a week and such marked benefit! I can hardly believe it with my own eyes! The first application I made I was able to insert the syringe up one inch. Now it goes full length. He was very sensitive indeed.

I have a hard case on hand to deal with. Like a good many others, has been the rounds without the least benefit. He is an old soldier, age 59, looks well, rather large build, not anemic; enlisted 1861, had measles 1862, chronic diarrhea 1862, and that spring had typhoid fever. Has been examined before state boards of physicians and others at divers times. None could tell what ailed him. One doctor told him he had disease of the parietal walls, another no disease of the heart at all, and so on. His liver is undoubtedly the real cause, I think. He had pain in right side since 1863; now in back just at crest of ilium, the innominatum bone, side and back very tender and sore. He feels sick and has slightly dizzy spells—especially when he smokes, stomach sour. His bowels move regularly every day without taking anything, good appetite except when faint. When he feels worse he gains in weight and when he feels better he loses $5\frac{1}{2}$ lbs. He could trace the pain from right side to left through the transverse colon. Isn't this autotoxemia, and would you advise colonic flushing, with Saline Laxative? Aloin or any cathartic makes him worse.

What would you recommend for neuralgia? An old lady, troubled very bad, and has insomnia so she cannot sleep. She is wearing herself out. It is from trouble. I hate to give morphine. Have been giving whisky, which seems to control it when she is "full" all the time. When out of its influence it returns as bad as ever.

L. S., Oregon.

In regard to the old soldier, I believe, as you say, there is autotoxemia present, also chronic disease of the colon. I would suggest colonic flushing and Saline Laxative, with W-A Intestinal Antiseptic tablets, seven daily; and after washing out the colon throw into it four ounces of water with half a grain of silver nitrate, followed in ten minutes by a little salt solution, to neutralize the extra silver. After using this for a week I would change and after washing out the colon

throw in from four to eight ounces of liquid petrolatum; please, Doctor, not petrolum; and thus alternate with it and the silver from week to week.

In case of neuralgia, give Saline Laxative to keep the bowels open, or perhaps Waugh's Anticonstipation granules would be still better; with this zinc valerianate gr. 1-6, three granules every two to four hours through the day. This will bring her nerves to the sleeping point; if not, give five grains of sodium bromide at bedtime. Examine her heart and you may find an indication for a few granules of cactus through the day.—Ed.

Query 1752:—MUCOUS COLITIS. Miss C., 31, twelve years ago had vomiting, high fever, prostration; food, water and medicines were thrown off immediately, mixed with a great deal of phlegm. Her appetite was unnaturally strong. After being ill twelve weeks a membranous discharge from the bowels occurred, which has been keeping up right along, with the exception of three years when it did not occur.

Symptoms as they are now: Bloating daily over right side, sometimes so noticeable that the patient is ashamed to go out; now and then a mucous discharge occurs, which has as a forerunner severe pain in the transverse colon accompanied by weak spells, patient losing her voice. A few days after the discharge the patient feels quite well, until a new attack sets in. The discharge has been examined time and again for tuberculosis, with negative results. Everything has been tried without giving satisfaction. Patient feels best under an exclusive meat diet.

A. V., Illinois.

Wash the colon out thoroughly with a warm solution of zinc sulphocarbolate, five grains to the ounce; then inject through a colon tube eight ounces of water with a grain of silver nitrate. Repeat daily for a month, washing out the colon with salt solution five minutes after each

silver injection. Give internally a W-A Intestinal Antiseptic tablet and three granules of iodoform and zinc oxide gr. 1-6 each, every two hours while awake. Strictly limit the diet to raw white of eggs, beef and oysters, junket, hot milk, predigested milk foods, Sanguiferrin; pickled tripe, pigs' feet, salmon and lambs' tongues, and fresh fruit juices. Let her wear a flannel abdominal bandage saturated with cod-liver oil or goose-grease, with iodine as much as she can easily bear.—Ed.

Query 1753:—DYSMENORRHEA. Lady 20, menstruation irregular, occurring every two, three or four months, never been regular. Has pains at intervals, several days before flow starts; severe, crampy, bearing-down pains during flow. Must stay in bed during first day of flow, as being on feet and moving about makes pain worse. Flow rather profuse, lasting four or five days. Patient rather anemic. In fairly good health between periods. Occasionally has sharp pains through right lung. Examination of lungs negative. When she misses her periods two or three months has enlargement of neck externally, especially right side, also some swelling of thyroid gland, at one time thought she would have a goiter. Swelling of neck subsides when flow is established.

Would not Buckley's Uterine Tonic and iron arsenate benefit this case?

J. H., Illinois.

You must not let this girl go over her time. In the intervals give her alnuin, three granules three times a day, changing during the menstrual week to sanguinarine a granule every hour while awake. Keep her bowels cleared with the Saline Laxative and see that she does not use too stimulating food. If the period does not appear and the neck swells give her the emmenagogue tablets, made by the A. A. Co., or some similar active

preparation of the kind. I would not use B. U. T. in this case, or iron arsenate, fearing the latter would stimulate an over-active function, though the former could be added if the pains occur in spite of the foregoing treatment.—Ed.

Query 1754:—For the benefit of those young in the profession, and but just beginning the alkaloidal method, please give in the next issue of the CLINIC four lists of twelve drugs, each in the sequence of their usefulness, as a guide to one in filling his medicine cases. That is, we wish a list of twelve drugs which in your opinion one must have; then an additional twelve which he should have, followed by twelve needed less frequently, and that in turn by a fourth separate list needed but occasionally.

A Reader.

1. Aconitine, atropine, strychnine arsenate, glonoin, emetin, digitalin, calcium sulphide, gelsemine, nuclein, macrotin, veratrine, cicutine hyd.

2. Colchicine, quassin, iodoform, hyoscine hyd., codeine, apomorphine, quinine arsenate, iron arsenate, mercury biniodide, pilocarpine, cactus.

3. Zinc, calcium and soda sulphocarbolates, arsenic sulphide, potass. permanganate, copper arsenite, arsenic iodide, lithium benzoate, calomel, manganese ox., cerium oxalate. Or, Sanguinarine, arbutin, aspidospermine, caffeine, zinc phosphide, podophyllin, lobelin, berberine, cantharidin, hydrastine, helonin, rhus.

It is impossible to arrange these in the way our friend asks, for the value of each depends on the need. But some not in either list have to be replenished as often as any of those named.

My iodine bottles are always getting empty; so with cactus, passiflora, the sulphocarbolates, Infant's Anodyne, etc.,

Buckley's Tonic has to be refilled daily. And while aspidospermine is rarely used I would not like to go without it. The compound granules are not listed here, because one should learn to use single drugs first; yet these handy combinations are constantly required—the W-A Intestinal Antiseptics, Waugh's Laxatives and Infant's Anodyne, the Triad and Defervescents, the Zinc and Codeine Comp., the Dover's Modified, the Manganese Comp., the Triple Arsenates, and by no means least that representing the neutralizing cordial.

The most valuable remedy is the one your case requires; and I find it advisable to carry 120 vials, and in them about 150 remedies, some vials having two or three sorts. And this is not near enough.—ED.

Query 1755:—CYSTITIS. I send material for microscopic examination. Boy, 10 years old, has cystitis, phimosis, operated three months ago, all O. K., but there is pus discharge from bladder and tenesmus yet, not so bad as before. This specimen is from rectum and is passed often.

M. S., Nebraska.

The specimen contains mucus and abundant bacteria, which however would probably be found in any discharge from the bowels. You do not say anything as to the rectal symptoms, so I judge that you have either an irritation of the rectum by the cystitis in the neighborhood, or else the beginning of mucous colitis. For the former I would advise arbutin one granule, and lithium benzoate 2 granules, taken every hour while awake, with enough hyoscyamine at bedtime to quiet the bladder and secure rest. If there is much pus coming from the bladder and it resists the above treatment you could add one grain of calcium sulphide to each dose.

If it still resists after one week add to the above washing out the bladder with warm water, containing a tablespoonful of hamamelis to the pint, followed by the injection of one-half dram of Europhen-Aristol with Petrolatum into the bladder. After the above wash out with a copious warm enema, flushing the colon thoroughly. Then throw in a solution of Protargol, one grain to the ounce, about eight ounces, followed in five minutes by a salt solution to neutralize the excess of silver and wash it out.

In mucous colitis I have also found copper arsenite gr. 1-250 every two hours while awake, with gr. 1-2 of iodoform and gr. 1-6 of silver oxide of considerable benefit, limiting the diet to articles digestible in the stomach exclusively, the raw white of egg, oysters and beef, peptonized milk, well boiled rice, with freshly pressed fruit juices.

If mucous colitis is a croupous enteritis, iodized lime should prove beneficial. Try it—a grain every half hour till signs of iodism appear.—ED.

Query 1756:—ABSENCE OF PREPUCE. What proportion of adult males have the glans penis covered with the foreskin? Is it natural for the glans penis to be uncovered in the quiescent state?

Recently a child was born in my practice with a penis four inches long and the glans penis remained uncovered. Next day another male child was born with a penis two inches long, one inch of which was prepuce.

A. C., Ohio.

I have never known an uncircumcised male whose glans was usually uncovered when not erect. Nor do I believe it natural or advisable for it to go uncovered.—ED.

Query 1757:—POLIOMYELITIS. I have a case of poliomyelitis, my own child,

boy, three years old, plethoric, one of the finest specimens of physical development, seized with paralysis three months ago, affecting the right arm severely and the left leg slightly, no prodromic signs, slight fever a few days after paralysis, child otherwise picture of health. The partial paralysis of left leg has disappeared, but the right arm has shown very little improvement. I have given brucine with massage, and the galvanic and faradic electrical treatment, negative pole to spine and positive to affected arm (labile), seance five minutes of each every day. Very little response can be gotten from either of the currents, the arm being flabby, and some atrophy is beginning to show.

W. C., Illinois.

If you have a static machine, use it on the boy's arm. If you haven't, get one, as it will certainly do what the older forms of electricity will not. Add to this exercising the arm by massage, so as to keep up the nutrition of the muscles. Push strychnine to the full effect, and in order to encourage absorption of any morbid matter which may still embarrass the nerves give iodoform gr. 1-67, and mercury biniodide gr. 1-67, together every two hours while awake. With persistent effort you will get a good result in this case. If you get discouraged and stop treatment there will be no further improvement.—Ed.

Query 1758:—NUCLEIN. Please give me some advice as to the efficacy and danger of the hypodermic use of nuclein about suppurating joints, of long standing, probably tubercular osteitis.

I desire to know if you know anyone who has had any experience with calcium sulphide in yellow fever.

J. C., Mississippi.

I have nothing on hand as to the hypodermic use of nuclein about suppurating joints. I would be glad to hear of your experiment. Nuclein has given such

good results in other tubercular affections that it ought to be valuable here also. Nor have I had any report on the use of calcium sulphide in yellow fever. The best thing I have seen on yellow fever is the report of the Surgeons of the United States Marine Hospital Corps.—Ed.

Query 1759:—MIXED INFECTION. I send herewith \$2.00 with sample of sputa for examination, from a man, 23, who has been treated for twelve weeks for typhoid fever. The persistent cough with expectoration leads me to desire the question of tuberculosis settled.

R. B., Tennessee.

The report of the laboratory shows a mixed infection, tubercle bacilli being present. The treatment, of course, is that laid down by Dr. Waugh in the *AUGUST CLINIC*, 1899. Permit me to say one word of commendation on the keen diagnostic insight you showed in this case.—Ed.

Query 1760:—UNEQUAL PULSES. *Query 1664.* Yes, opium will quiet when morphine makes flighty delirium.

In examining a patient one often finds the pulse much fuller and stronger in one radial artery than in the one of the opposite wrist. Why is this?

J., Nebraska.

Sometimes one artery is bigger than the other. Where you find a small radial artery you will find the ulnar artery on the same arm much larger.—Ed.

Query 1761:—DIABETES. Kindly give your opinion on the use of Arsenauero in diabetes mellitus, or give another treatment you may think is superior.

E. K., Pennsylvania.

While I have not personally used Arsenauero, the reports received concerning its use in diabetes mellitus have been so

favorable that I would not feel warranted in neglecting to recommend it. It should, however, be given in full doses up to toleration and continued a long time. Personally, I have succeeded best with strontium lactate, 30 to 60 grains a day. A new remedy, Eulexine, is advised by personal friends, of whose truthfulness I am firmly convinced, but I have had no chance to try it. You had better write to Parmele in New York City about Arsenauero. He can furnish you with the clinical reports.—Ed.

Query 1762:—SNEEZING. Lady, 25, very nervous, general health good, regular, each menstrual epoch suffers, there is great nervous excitement, with head, back and limb aches; gets very bilious very often, she eats well, sleeps well, digests well. Whenever anything comes up to annoy her she has fearful headaches and will sneeze sometimes for twenty-four hours. I have not been able to stop it. She sneezes until her hands and feet sweat. I can control it with morphine, chloroform, cocaine, etc., but these are not curative.

G. G., Tennessee.

Regulate that girl's diet very carefully indeed, forbidding the excessive use of meat. Regulate her bowels with Waugh's Anticonstipation granules, and when she has a headache give her half a grain of emetin at bedtime, followed with colchicine, three to six granules a day, if necessary.

I think she is uricemic. When she gets to sneezing wash out the nostrils with warm salt water, containing a tablespoonful of hamamelis to the pint; then spray well with Europhen-Aristol with Petrolatum and apply mustard over the pneumogastric nerve in the right side of the neck.—Ed.

Query 1763:—EPISTAXIS. My mother has had nose-bleed eight times in the

past ten days, sometimes very profusely. She is 82, and it has made her very weak. Will not atropine and ergotin be good to prevent it? She has had pressure in her head before bleeding, and waving spells over her eye-sight by spells, for a number of years. She said before she was taken that it seemed as if something had hold of the side that bleeds.

G. D., Michigan.

First see that your mother's bowels are thoroughly emptied with Saline Laxative. Then give her Heart-Tonic if her heart needs it, which it most certainly will. If not, give hamamelin, from two to four granules every two hours while awake. If the bleeding continues syringe the nose with a solution of chromic acid, one grain to the ounce; but I think the other remedies suggested will stop the bleeding.—Ed.

Query 1764:—JOURNALS. I want to subscribe for two journals, one devoted to the treatment of venereal diseases and the other to diseases of the eye. Please advise me which you think will be desirable.

W. M., Texas.

Send for sample copies of the *Ophthalmic Record*, published in Chicago, Ill., and the *Journal of Cutaneous and Genito-Urinary Diseases*, published in New York City. I think you will find these what you want.—Ed.

Query 1765:—EYE BOOK. Please suggest the book best adapted to fit me to examine eyes properly and fit glasses. I've a good bit to learn, so want something that will not presume I am pretty thoroughly up on the subject.

G. S., Iowa.

You will find just what you want in Davis' book on Refraction, published by the MacMillan Co., and noticed in the CLINIC during 1900.—Ed.

Query 1766:—Farmer, 52, weight 200, height 5 ft. 10 in., no venereal disease, tongue heavily coated white at all times, breath bad, bowels not active, eats heartily, acidity at times; has twitching of muscles of right side of face, begins at outer corner of eye as violent winking, sometimes draws up whole side of face, worse when embarrassed or excited, at other times it does not trouble him so much or perhaps not at all. He also complains of a peculiar sensation in right side of head. Twitching of face and head-trouble began in December, 1898, when he took a long drive in the cold and was badly chilled. He is somewhat inclined to worry, especially over his condition. No family history of nervous disease.

J. M., Wisconsin.

I look on the facial neuralgia as a neuritis, due to the exposure of the facial nerve to cold; and would suggest counter-irritation over the course of the nerve with capsicum plasters. The man also suffers from autotoxemia, for which I would advise a granule of colchicine in a pint of hot water before each meal, adding gr. 1-6 to 1-2 of emetin if the colchicine does not open his bowels freely. Let him eat sparingly of rich food. In fact, the man eats too much at any rate; and I think a week of this treatment will make considerable improvement in his case.—Ed.

Query 1767:—GOLD HYPO. Could you suggest a neutral diluent to be used with chloride of gold hypodermically, that would prevent inflammation? Any suggestion will be thankfully received.

J. E. E., Illinois.

I am not sure about this matter, but believe that the double chloride of gold and sodium is most easily managed. If pure and used with distilled water, or, what is perhaps better, boiling the solution in a spoon before injecting it, there should not be any especial soreness fol-

lowing its use. If you find that a watery solution causes soreness you might try taking up the gold solution into your syringe and then a few drops of four per cent. cocaine solution, injecting at once before the two have time to mix. This will prevent the pain at any rate.—Ed.

Query 1768:—TUMOR. I send you a small scraping of a growth of which I would like to have a microscopical examination. It is a very vascular spongy growth, just at the orifice of the external os, small in size. The patient, a lady about 45 years of age, borne three children, two or three months ago first noticed a bloody discharge which has continued ever since; general health very poor.

E. K., Wisconsin.

Our pathologist says, as you will see by his report, that the tumor is probably cancerous. I would urge you to remove it as radically and as thoroughly as possible. Possibly you may be able to curette the growth away entirely and apply a strong solution of chromic acid to the base. If the patient will not let you do this inject nuclein solution, pure, around the base of the tumor, a hypodermic syringe every day until the mass separates. If you do either and the growth recurs remove the womb entirely.—Ed.

Query 1769:—ERETHISM. Man, 40, never had venereal disease, married 13 years, strong sexually, given to excess. Has had stomach trouble with nervous symptoms but apparently recovered; had worry over business matters, free from that now, but worries over condition. Three months ago broke down with nervous prostration, genitals particularly affected, irritation with shifting symptoms, erections at night which seem to aggravate irritation, severe formication of the scrotum and a general feeling of uneasiness in those parts. Emissions at night once in two or three weeks. Has avoided intercourse, as emissions are

premature. Has had regular and frequent intercourse ever since married and was not troubled with premature emissions until above attacks. Has insomnia, at times severe, largely controlled by the severity of the genital symptoms. Has no vertigo, tongue clear, temperature normal, pulse changeable, and at last examination urine normal. No organic trouble. Has taken the auto-intoxication treatment of creosote, pepsin, iron lactate and bismuth subgallate, for one month, which helped digestion and added some flesh, but sexual symptoms still remain.

Can anything be added to above treatment to improve sexual condition, which no doubt largely controls the insomnia? What hygienic measures can be employed?

Subscriber.

This man should in the first place avoid coffee, cheese, pork, beans and excessive meat, living largely on vegetables. He should take cold baths twice a day and inject Europhen-Aristol with Petrolatum into the prostatic urethra every day until there is no more tenderness left. Internally give a Triple Arsenate granule and a tablet of nuclein every two hours while awake. Regulate the bowels with Waugh's Laxative and give six W-A Intestinal Antiseptics daily when the stools are fetid.—Ed.

Query 1770:—PROSTATITIS. Please write me the quantity of Europhen-Aristol with Petrolatum to use in a case of catarrh of prostate gland, and any suggestions as to constitutional treatment. The patient is married, age 30, laborer, has discharge from urethra usually after the bowels move. He is very much worried over it and thinks it is diminishing his virile power. His general health is good.

H. S., Kentucky.

The quantity of the injection used is not very material; just a few drops is as good as more. It is the writer's custom

to insert the syringe to the point he desires to medicate, press the urethra with the finger a couple of inches in front of that point and then inject about half a dram; after holding it a while with the finger in front, it is allowed to come forward through the urethra and whatever exudes is wiped off with cotton. Every other day is all right. The bowels must be kept freely open with Saline and sexual intercourse should be stopped as a rule during treatment. You will find that constipation has as much to do with this trouble as anything else.—Ed.

Query 1771:—SKIN DISEASE. Lady, 22, married, has eruption on back of hand extending between fingers; appears in small white and yellow blisters and disappears in two or three days, leaving the skin harsh and rough. I have cured it for two weeks, then it returns. Now it is much worse than ever, hand and arm swollen considerably. This has resisted many different treatments. Do you think it can be a lupus?

G. S. P., Indiana.

Evidently the skin affection is only the manifestation of a constitutional state, which may be autotoxemia or uricemia. Regulate her bowels with Waugh's Laxative granules if there is not uterine irritability; if there is, use Saline Laxative. Render her alimentary canal aseptic with the W-A Intestinal Antiseptic tablets, using enough to secure odorless stools. Restrict her diet, giving as little nitrogenous food as possible, and if anything specifically irritates her skin caution her not to use it. Let her drink abundance of water. You have already found local applications which cause the disappearance of the malady, hence I have nothing to advise in this respect.—Ed.

*Query 1772:—*ULCER. A young lady has had an ulcer on the shin for four years, has been treated by several doctors to no good. I am going to try what you say do in CLINIC. Can you prescribe anything that will be better than you did in September CLINIC?

J. L., Georgia.

First apply a poultice to the ulcer for twenty-four hours, then wash with water containing one grain of silver nitrate to eight ounces. Wash this off carefully and then apply an ointment of iodoform 30 grains to the ounce, then wrap the leg from toe to the thigh with a flannel bandage smoothly and carefully, so as to give support to the tissues. If necessary add a few adhesive strips around the ulcer to take off the tension and you will cure her finely.—Ed.

*Query 1773:—*SKIN DISEASE. Mr. —, 32, muscular, healthy, digestion, assimilation and pulse normal, for three years troubled with eczema, spots size of silver dollar on scalp and on the breast, but not so large. These spots would be whitish after desquamation, now reddish or brown; never itch or burn; treated by an expert on skin diseases with relief but for a time. Has no hereditary taint whatever, never had any private disease. What is the matter and what the treatment?

M. S., California.

This case is not an eczema; just what it is I can hardly say, but to cure it apply mercury oleate to the patches; unless the skin is thickened, in which case apply Glycozone on lint until the thickness has disappeared, then use the mercury oleate. If the hair has fallen over the patches follow the mercury with inunctions of cod-liver oil twice a day, rubbed well into the skin.—Ed.

*Query 1774:—*ACNE. Give the best treatment for acne. Lady, 30, has acne

for years, had tried everything recommended but to no purpose. Six months ago I put her on calcium sulphide, six to eight grains per day. At first it appeared to help her, but the malady soon returned as bad as ever, and at times her face is very much disfigured.

W. T., Illinois.

Put that lady on arsenic sulphide, one granule three to seven times a day, with berberine gr. 1-6, one granule with each dose of the arsenic. Meanwhile keep her bowels clear with Saline Laxative and aseptic with the Intestinal Antiseptics. Sometimes acne depends upon a genital ailment, and this should be seen to.—Ed.

*Query 1775:—*SEXUAL HYGIENE. I have been talking to a number of my brother physicians who have never read anything on sexual hygiene and are anxious for the discussion to come up again; and I have the assurance that a number will take the CLINIC as soon as the matter comes up again, so I am anxious on my own account, also upon others, for the discussion to be resumed. If you can give me any idea as to when, if ever, you will reopen this subject I will appreciate the kindness.

J. S., Oklahoma.

It is not likely that we will reopen the subject of sexual hygiene in the CLINIC. While very many were interested in it, we had about an equal number of protests from others, who did not desire to see anything of the kind in the journal; and who made the very apt objection that we published a journal of Alkaloidal Therapeutics, in which sexual hygiene could not justly be included.

We have, however, prepared a volume upon this subject, including the papers previously published, and all other information which we could gather together. This volume will be announced when ready for publication in the CLINIC; and

we think that the information contained in it will be found so full and satisfactory as to render any further discussion unnecessary.—Ed.

Query 1776:—RHEUMATISM. Woman, 40, feet and ankles swollen and painful—same to lesser degree in hands. She gave history of previous attacks of rheumatism, and great pain at menstrual periods. I found the uterus anteflexed.

Put her on colchicine, lithium benzoate, and B.U.T.; also an Intestinal Antiseptic four times daily, and directed her to drink plenty of water.

She was up doing her own work in a week. Her next menstrual period passed without pain, also succeeding ones.

Now her feet and ankles are swollen and painful; in morning she is unable to stand, but later walks and feels much better; pain in arms at times. Found nothing on examination of urine.

J. S., Wisconsin.

The most obvious remedy for the condition you describe would be the Betz Hot Air apparatus, in addition to your present excellent treatment. Keep the bowels clear and clean absolutely and regulate her diet carefully, enjoining abstinence from nitrogenous foods. Let her wear wool, and rub the rheumatic joints with a mixture of cod-liver oil and oil of wintergreen, as strong as she can bear it.—Ed.

Query 1777:—CALCULI. I send specimens of calculi passed by a lady. At 14 she had trouble in left kidney, and more or less ever since. A year ago she married, and fleshed up far above her former weight; in June delivered of a boy. In first week of confinement had renal colic, throbbing in left kidney, relieved by hot applications; later grew worse, coming later each afternoon until it came in the early night and finally the latter part of the night, growing worse. Ordinary diuretics were used at

first, later hypos of morphine gr. 1-4 and atropine gr. 1-160 which gave perfect ease, but all else failed to give relief save at first, when atropine gr. 1-100 gave relief from pain but made her uncomfortable. Diuretics seem to aggravate. Finally I placed her on atropine to effect, when she passed to my personal knowledge a teaspoonful of these specimens, and her husband claims she passed another equal quantity at a subsequent time.

She is otherwise healthy, except having suffered from chronic constipation all her life. I wish to know just, if possible, what to tell the family as to effect of treatment and prognosis.

She has been better since passing these specimens; the paroxysms come occasionally but not so severe, though growing worse again. Is she likely to have to undergo an operation, or would it be advisable at all?

I have her on hyoscyamine and strychnine arsenate for relief of paroxysms, which does very well but does not cure.

Subscriber, Tennessee.

The calculi consisted of xanthin and calcium phosphate. The condition is the result of faulty metabolism. The digestion is not complete and this results in the continued formation of calculi.

Something of the alterative nature will be required—eliminative and alterative. The abundant drinking of pure water, preferably distilled or filtered rain water, will be helpful. Then the food should be of a nature to be easily digested and every measure taken to get the body into a normal condition. Accomplishing this you will get good results and if no large, hard calculi have been formed an operation will not be necessary; but if you can not accomplish this, large calculi will form sooner or later and then their surgical removal will be necessary. Your patient is very fortunate thus far to have passed them *per vias naturales*.—Ed.



THERE ARE TWO SCHOOLS OF ANTISEPTICISM.
TAIT AND **LISTER**, THEIR RESPECTIVE GODFATHERS
 ONE POURS ALL ITS LIBATIONS TO THE GODDESS OF
 ABSOLUTE CLEANLINESS.
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 Supplies both Schools with an ABSOLUTELY EFFECTIVE
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 IT IS THE BEST DETERGENT and the MOST
 RELIABLE ANTISEPTIC KNOWN because it
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 INJURIOUSLY ABSORBED and CAN
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 These are DEMONSTRABLE FACTS and
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 is obliged to take the makers word:
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 We invite these tests and
 Stand or Fall by them.

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A most energetic disinfectant and destroyer of foul and decomposing odors. An absolutely reliable agent for air purification and sterilization. Far more efficacious and pleasant than sulphur, carbolic acid, etc., etc. The most efficient destroyer of the disease-producing micro-organisms. Invaluable in the treatment and prevention of tuberculosis, diphtheria, scarlet fever, measles, whooping-cough, catarrh, influenza, etc. Does not injure furniture, fabrics, or material of any kind.

Beta-Eucain (Eucain Hydrochlorate "B")

Eucain "B" has been extensively used in all branches of surgery, dentistry, ophthalmology, etc. Favorable reports concerning it have come from a host of practitioners on both sides of the Atlantic.

In a report made at the Academy of Medicine, Paris, March 29, 1898, published in *The Bulletin Medical* of March 30, 1898, Prof. Reclus stated: "Eucain 'B' possesses a number of undoubted advantages. In the first place, its solution can be boiled without undergoing decomposition, thus permitting it to be sterilized by heat. This cannot be done with cocaine. In the second place solutions of Eucain 'B' are stable and this is the case, to such an extent, that he has been able, in conjunction with Dr. Legrand, to perform a number of long and delicate operations with solutions that were more than four months old. This is far from being possible with cocaine solutions, as they change at the end of four or five days. Finally, and this is really the most important point, Eucain 'B' is 3 1/4 times less toxic than cocaine."

Urotropin.

A most efficient diuretic, urinary antiseptic, uric acid solvent, and remedy for calculous disease. Rapidly renders alkaline and putrid urine containing mucons, pus, uric acid, and amorphous urates normal in appearance and reaction. It sterilizes the urine, increases its quantity, and dissolves calculi and deposits. Very valuable in all suppurative diseases of the genito-urinary tract, pyelitis, cystitis with ammoniacal decomposition of the urine, phosphaturia, and also in gouty and rheumatic affections where active elimination of uric acid and the urates is required. Dose, 3 to 7 1/2 grains two to three times a day, best administered in half a pint of simple or carbonated water.

Literature furnished on application.

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PLEASE MENTION THE ALKALOIDAL CLINIC WHEN WRITING.

CURRENT LITERATURE.

TREATING TUBERCULOSIS.

It was announced some time ago that this method was on trial in the wards of St. Luke's Hospital, and some curiosity was felt as to the result. The system was faithfully tried for a period of three months, and was found to be of no value whatever. M. Crotte's attempts to exploit his tuberculosis "cure" in this country have not met with an unqualified success among the physicians of New York or the members of the American Medical Association. This field in the United States has been already somewhat overworked by native—or we might rather say, resident—talent.—*Med. Record.*

RESTLESSNESS OF OLD AGE.

Dukes (*British Medical Journal*) refers to the restlessness, insomnia and occasional dyspnea of the aged, and believes that these conditions are due to the gradual age-failing of the scavenger organs, which fail to eliminate waste products, resulting in increased arterial tension. Carminatives, sedatives or digitalis aggravate the condition. Many cases are relieved by mercurials, but the remedies which have yielded the best results are nitroglycerin in 1-100 grain doses, or, better still, because it requires to be taken less often, erythrol tetranitrate gr. 1-2 to 1.—*Doctors' Magazine.*

DRUGS NOT TO BE DISPENSED IN CAPSULE FORM.

Sodium salicylate causes gastric disorders, with nausea and vomiting, and should, therefore, be administered diluted with plenty of water. Ulceration of the gastric mucosa has been observed after its use in capsule form. Antipyrin often irritates the digestive tract, and is best given in vichy or soda water. The following drugs are hygroscopic, and, therefore, cause the capsule to become softened: acid phosphates and glycoposphates, sodium bromide, crystallized calcium chlorate, strontium chloride, piper-

zin, lysidin, chloral, the dry extracts of plants, and, in general, those preparations produced by evaporation in vacuum. Some solid drugs when mixed tend to deliquesce—mixtures of antipyrin and sodium salicylate, for example, when exposed to the air, become altered, or, at least, discolored by the contained oxygen. Of this group are the salts of iodine, the alkalies, and the alkaline earths, also, aristol. Free iodine combines with the starch of the capsule, producing a bluish black discoloration.—*Pacific Med. Journal.*

REASON FOR THE INCREASE OF CANCER.

Dr. Williams in the London *Lancet*, laments the fact that so little attention is given by physicians to the constant increase of cancer. The proportionate mortality from cancer is now four and a half times greater in England and Wales than it was fifty years ago. "In this respect its position is unique, for no other disease can show anything like such an enormous increase. Probably no single factor is more potent in determining the outbreak of cancer in the predisposed than high feeding. The consumption of meat has been increasing year by year, until now it has reached 131 pounds per head per year in England and Wales, which is more than double what it was half a century ago, when the conditions of life were more compatible with good living than they are to-day. When excessive quantities of such highly stimulating forms of nourishment are ingested by those whose metabolism is defective it seems probable that there may thus be excited in those parts of the body where vital processes are still active such excessive and disorderly cell-proliferation as may eventuate in cancer. No doubt these factors co-operate, especially deficient fresh vegetable food and lack of sufficient exercise. Dr. Williams believes that it lies in the power of physicians and the laity to greatly reduce the occurrence of cancer—perhaps to abolish it altogether—by calling attention to these causative factors, and insisting upon the avoidance of glutinous habits of life."

ARCHITECT'S FOOD.

GRAPE-NUTS TURNED INTO BIG BUILDINGS.

The duties of an architect are so multitudinous, looking after the thousand and one details required in the construction of large buildings, that many of them suffer from the constant mental application and require the best of food to keep up their work. The chief draughtsman in the office of R. T. Newberry, Architect, at 1227 New York Life Bldg., Chicago, by name, Henry C. Hengels, says:

"After nine months' constant application in the preparation of the necessary plans and details for the large hotel known as the Post Tavern and the Post Building at Battle Creek, as well as several other large institutions, I found myself in a very debilitated and dyspeptic condition and unfit for work.

"Instead of medical treatment, I used Grape-Nuts food in place of the usual breakfast cereals. The first few days gave great encouragement, and after a week's use, quite an appreciable improvement manifested itself. Since then, daily use has entirely restored the digestive functions to their natural healthy condition, and I have gained about one pound per week. I am now entirely well and strong again and am able to apply myself to work with more than usual vigor. I consider Grape-Nuts a most valuable food for all brain workers. The help this food has given me is incalculable."

HARD LINES.

TO MAKE A MAN TOE THE MARK.

To take both tobacco and coffee away from a man seems pretty tough, but the doctor ordered me to quit both as my health was very poor, and I had got where I could do but little work.

About a month after quitting I commenced on tobacco again because I could hardly stand it. I got along without the coffee for the reason that I had taken up Postum Food Coffee, which I found very relishing to the appetite, and wonderfully beneficial.

I have gained twenty-five pounds by its use, and to-day I am a well man. I discovered in this way that it was the old fashioned coffee that hurt me and not the tobacco. When I first tried Postum I did not relish it, but found that it was not made right, that is, they did not boil it long enough. Next time it came on the table it was fine and I have been using it ever since.

Mr. Fletcher, an old soldier of this place, was troubled with dyspepsia. I told him of my experience and my cure, and told him to quit coffee and use Postum Food Coffee. This was some time ago. I saw him yesterday and he told me he had not felt better in twenty years, and nothing would induce him to go back from Postum to the use of common coffee. He had the same trouble in getting it made right to start with.

John Ashford of Dillon was also troubled with dyspepsia. I told him of my cure by the use of Postum Food Coffee, and warned him to be careful in having the Postum cooked long enough when he did try it. To-day he is perfectly well and his appetite never better.

I could give you the names of a number of others who have been benefited by using Postum Food Coffee. I believe you are a true friend of suffering humanity.—Thomas Spring, Deavertown, Ohio.

THE TREATMENT OF HICCOUGH.

M. J. Noir (*Progres Medical*) records the case of a girl, six years and a half of age, who suffered from persistent attacks of hiccough. M. Noir, on seeing her in one access, which had continued for six hours and a half, drew out the tongue and held it protruded for the space of a minute and a half which calmed the spasms as if by enchantment. They did not reappear. This procedure is not altogether new, but is not, we think, sufficiently appreciated.

ASPIRIN.

Fleekinger sums up a study of aspirin, the new remedy for rheumatism, as follows: It is to be preferred to sodium salicylate on account of its agreeable taste, its freedom from irritating action on the stomach, the absence of tinnitus and cardiac depression, and because it does not impair the appetite. Aspirin is acetyl-salicylic acid. The dose is gr. xv,

CHRISTIAN SCIENCE FOR MONEY.

Graduates of this new school are instructed as follows: When you begin to practice you may, perhaps, have some scruples about accepting payment for your work. I want to impress upon you that you must banish all such silly ideas from your minds at once. You must not only make people pay you but you must make them pay you well.

Remember all the doctors' bills that you are going to save them; think of the enormous amount of money that these poor mortals pay out every year for drugs and medicines that cannot possibly do them any good. If it is right to pay a doctor for having no effect upon you whatever, surely it must be right to pay for positive help and relief.

Here is the true doctrine at last. Matter does not exist. There is nothing but mind. Disease is evil thought. But you must not only make people pay you, you must make them pay you well.

It is our old familiar friend the fakir milking the gentle cow Credulity.—*Clin.*

Collinsonia is a tonic, stimulant, astringent, diaphoretic, diuretic and alterative. In very large doses it is irritant and emetic.

The most prominent specific indications for collinsonia are as follows: Irritation, with a sense of constriction in the larynx; oppression with tightness in the epigastrium; painful constriction in the rectum; hemorrhoids with a constriction of the sphincter, and a sense of a foreign body in the rectum; passive congestion with dark discoloration of mucous membrane: relaxed condition of mucous membranes, especially of the lower bowel.—*Fyfe, Eclectic Med. Journal.*

TYPHOID AND PURE WATER.

Camden, N. J., has had a high mortality from typhoid fever, attributed to the use of water from the Delaware river. During the first quarter of 1899 this water was used, and there were 214 cases of typhoid fever with 15 deaths. Artesian water was then substituted and during the remaining nine months of the year there were but 50 cases and no death after September 12th.—*Philadelphia Med. Journal.*

RENAL INADEQUACY.

Tomlinson (*J. A. M. A.*) concludes that renal inadequacy is common, sometimes congenital, and the defect in total solids is less ominous than that of certain ingredients. If the daily output falls below 1000 c. c. (about 32 oz.), urea below 2 per cent., chlorides below 10 per cent., phosphoric acid above 0.2 percent., sulphates above 1.5 per cent., uricemia is impending.

SCUTELLARIA.

Preparations from the dried plant are worthless. Its chief indications are nervousness and fear of a coming calamity. It is a nervous sedative, useful in acute or chronic maladies when the indication described is present. It is then useful in chorea, neuralgia, convulsions, tremors, hysteria, epilepsy, monomania, functional heart troubles.—*Eclectic Med. Journal.*